

FILED NOV 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **38188**BIRTH NO. 58603-49 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wardell Rural</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Portageville</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Portageville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) <u>CARMEL</u>		a. (First)		b. (Middle)		c. (Last) <u>VASQUEZ</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 3 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>American</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Sept 8, 1949</u>		9. AGE (In years last birthday) <u>1</u> Months <u>25</u> Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Wardell Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Francisco Vasquez</u>		13b. MOTHER'S MAIDEN NAME <u>Cloress Ortiz</u>	
14. NAME OF HUSBAND OR WIFE <u>1</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francisco Vasquez</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Smallpox</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>Oct 3 2pm, 1949</u> , to <u>Oct 3-8 pm, 1949</u> , that I last saw the deceased alive on <u>Oct 3 1949</u> , and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Francisco Vasquez</u>				(Degree or title) <u>1</u>		23b. ADDRESS <u>Wardell Mo</u>	
23c. DATE SIGNED <u>11-5-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 4, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wardell</u>	
24d. LOCATION (City, town, or county) (State) <u>Wardell Mo</u>		DATE REC'D BY LOCAL REG. <u>11/10/49</u>		REGISTRAR'S SIGNATURE <u>John H. Germano</u>		406	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Blush Funeral Parlor</u>		ADDRESS <u>Portageville Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-49-266  
- 237

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.