

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6660

FILED FEB 24 1950

#105669

318

REG. DIST. NO. PRIMARY REG. DIST. NO.

1003

State File No.

1501

BIRTH NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			d. STREET ADDRESS (If rural, give location) 23- 2316 Menard			
3. NAME OF DECEASED (Type or Print) a. (First) YSIDRO b. (Middle) RIVERA c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) February 14, 1950			
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7	8. DATE OF BIRTH May 15, 1904	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Mississippi Steel		11. BIRTHPLACE (State or foreign country) Mexico 3		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Isabel Rivera		13b. MOTHER'S MAIDEN NAME Louisa Estrella		14. NAME OF HUSBAND OR WIFE Refugio Rivera		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Frank Rios 2316 Menard			ADDRESS
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) Multiple Liver Abscess. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Poor perforated peptic ulcer DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 mon	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Abscess of anterior abdominal cavity & liver				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 5401			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 11/21/49 19, to 2/14/50, 19, that I last saw the deceased alive on 2/14/50, 19, and that death occurred at 12:15A m., from the causes and on the date stated above.						
23a. SIGNATURE Thomas M. Moorman M.D.			23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 2/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1	24b. DATE 2-16-1950	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, MO.		
DATE REC'D BY LOCAL REG. FEB 15 1950	REGISTRAR'S SIGNATURE J. B. Lassiter		25. FUNERAL DIRECTOR'S SIGNATURE Weick Bro. Und. Co. 2201 S. Grand			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

James R. Duran

Signed.....
Student Embalmer

Licensed Embalmer No..... 4527

P. O. Address 2201 S. Grand Bl.

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.