

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003 State File No. 11014
2976 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St Louis</i>	
c. LENGTH OF STAY (in this place)		2749	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3823 S Main st</i>		d. STREET ADDRESS (If rural, give location) <i>27 3823 S Main st</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Maria Juana (Guana)</i> b. (Middle) c. (Last) <i>Romero</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3 29 50</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>M</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>6/24 1904</i>
9. AGE (In years last birthday) <i>45</i>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>house wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Mexico</i>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <i>John Vasquez</i>	13b. MOTHER'S MAIDEN NAME <i>Madalene Rios</i>	14. NAME OF HUSBAND OR WIFE	
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 <i>Peter Romero</i>	
		ADDRESS <i>3823 S. Main st</i>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>General Carcinomatosis to spleen, liver, stomach, lymph glands, and more</i>		<i>3 months</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>nephritis chronic</i>		<i>Nov-1948</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <i>151X</i>
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 *5-2*, 1944, to *3-29*, 1950, that I last saw the deceased alive on *3-28*, 1950, and that death occurred at *7:00 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Leslie Ellison MD</i>	(Degree or title)	23b. ADDRESS <i>3610 So Broadway St Louis Mo</i>	23c. DATE SIGNED <i>3-29-50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>4/1/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>
DATE REC'D BY LOCAL REG. <i>MAR 29 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Central Funeral Home</i>	
		ADDRESS <i>1841 Cass</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten scribble

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.....
Student Embalmer

Signed *J. Wm. Binkley*.....
Licensed Embalmer No. *3653*.....

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.