

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21798
5216

BIRTH NO. 27409-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 1 hr	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2129	
		d. STREET ADDRESS (If rural, give location) 5778 CATES RD.	
3. NAME OF DECEASED (Type or Print) a. (First) Infant Baby b. (Middle) MARTINEZ c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 6/12/50	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 6/12/50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) St. Louis Mo.	
13a. FATHER'S NAME Celso Martinez		14. NAME OF HUSBAND OR WIFE NONE	
13b. MOTHER'S MAIDEN NAME Fisher Gibbons		17. INFORMANT'S SIGNATURE OR NAME Celso Martinez	
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. ADDRESS 5778 Cates Ar.		18. CITIZEN OF WHAT COUNTRY? USA	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right ventricle enlargement 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 1 hr 1 hr
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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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 754.6

22. I hereby certify that I attended the deceased from June 12, 1950 to June 12, 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 4:52 PM, from the causes and on the date stated above.

23a. SIGNATURE C. Simpson M.D.	23b. ADDRESS 3739 Gravois	23c. DATE SIGNED 6/13/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/14/50	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.
24d. LOCATION (City, town, or county) (State) St. Louis Missouri	25. FUNERAL DIRECTOR'S SIGNATURE J. Muller	
DATE RECD BY LOCAL HEALTH DEPT. (REG.) JUN 14 1950	REGISTRAR'S SIGNATURE J. B. Sasser	ADDRESS 5165 Alden Bl.

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.....

No Embalming

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *H. G. Farris*

Licensed Embalmer No. *3384*

P. O. Address *St. Louis*

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.