

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35710

State File No.

317

PRIMARY REG. DIST. NO. 6046

Registrar's No. 2502

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 6046		Registrar's No. 2502	
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>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis - Wallston</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>28 TOWN St. Louis County Wallston</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>7300 St. Charles Rk. Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Wentley</u> c. (Last) <u>De Salinas, C.M.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 15 50</u>				
5. SEX <u>Male</u> COLOR OR RACE <u>Wht.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>May 6, 1869</u>		9. AGE (In years last birthday) <u>81</u> 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) <u>Priest</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Priest</u>		11. BIRTHPLACE (State or foreign country) <u>Spain 5</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>St. Vincent's Sanitarium Records, St. Louis County</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bladder with generalized metastases</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Hypertensive Cardio-vascular renal disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 yrs</u> <u>181X</u> <u>4+ yrs</u>	
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) (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 <u>12/5</u> , 19 <u>49</u> , to <u>Oct. 15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10/15</u> , 19 <u>50</u> , and that death occurred at <u>7:40 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph A. Coatings, M.D.</u>			23b. ADDRESS <u>2407 N. Broadway, St. Louis</u>			23c. DATE SIGNED <u>10/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct-17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY- <u>Marillac</u>		24d. LOCATION (City, town, or county) (State) <u>Normandy Mo</u>	
DATE REC'D BY LOCAL REG. <u>OCT 17 1950</u>		REGISTRAR'S SIGNATURE <u>H. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Callan & Kelly 7267 Natural Bridge</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed James A. Lammers
Licensed Embalmer No. 4142
P. O. Address St. Louis

Signed.....
Student Embalmer

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.