

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42167

State File No. ....

117392

BIRTH NO. ....

REG. DIST. NO. ....

318

PRIMARY REG. DIST. NO. ....

1002

Registrar's No. ....

10544

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE Missouri		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS 4500 North Broadway		e. (If rural, give location) 2095	
3. NAME OF DECEASED (Type or Print)		a. (First) DELORES	b. (Middle) DIAZ	c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) December 9th, 1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 13, 1925		9. AGE (In years last birthday) 25	
10a. USUAL OCCUPATION (Give kind of work or usual type of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Tilden, Texas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Santos Lopez		13b. MOTHER'S MAIDEN NAME Maria Chapa	
14. NAME OF HUSBAND OR WIFE Jessie Diaz		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Jessie Diaz, 4500 N. Broadway		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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Post partum haemorrhage</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i> DUE TO (b) <i>Dührsen's incision of cervix</i> <i>lacerated uterus, with total hysterectomy</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Shock.</i> <i>ok post m. 2 weeks</i> <i>post partum 11/1/50</i>	
20. INTERVAL BETWEEN ONSET AND DEATH		21a. DATE OF OPERATION 12-9-50		21b. MAJOR FINDINGS OF OPERATION <i>Hematoma of broad ligament. Laceration of uterus</i>	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>6725</i>	
22. I hereby certify that I attended the deceased from <u>12/7/50</u> , 19 <u>50</u> , to <u>12/9/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12/9/50</u> , 19 <u>50</u> , and that death occurred at <u>12:35pm</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>D. A. Royster M.D.</i>		(Degree or title) O		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 12/11/50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-13-50	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		DATE REC'D BY LOCAL REG. DEC 11 1950	
REGISTRAR'S SIGNATURE <i>J. B. Royster</i>		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock Mortuary, 2117 E. Grand Blvd.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

*D. Hansen*

**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 *Frank R. Moore*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.