

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13973

State File No. 3921  
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 township) OR TOWN St. Louis, Missouri c. LENGTH OF STAY (in this place)  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo 2239

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital #1  
STREET ADDRESS (If rural, give location) 2426 So 3rd St

3. NAME OF DECEASED a. (First) JOSEPH b. (Middle) DIAZ c. (Last) DIAZ  
4. DATE OF DEATH (Month) (Day) (Year) APR. 24 1951

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  
8. DATE OF BIRTH 5-12-1893 9. AGE (In years last birthday) 57

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane operator  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (State or foreign country) Mexico 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Ubaldo Diaz 13b. MOTHER'S MAIDEN NAME Betty Ramiro 14. NAME OF HUSBAND OR WIFE Marie 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.  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marie Diaz 2426 So 3rd St

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of stomach with distant metastasis  
INTERVAL BETWEEN ONSET AND DEATH  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 151X

22. I hereby certify that I attended the deceased from 2-23-51, 19\_\_, to 4-24-51, 19\_\_, that I last saw the deceased alive on 4-24-51, 19\_\_, and that death occurred at 4:25A m., from the causes and on the date stated above.

23a. SIGNATURE Robert Thomason M.D. (Degree or title) 23b. ADDRESS 1515 Lafayette Avenue 23c. DATE SIGNED 4-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-27-51 24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cem 24d. LOCATION (City, town, or county) (State) St. Louis County Mo

DATE FILED BY LOCAL REGISTRAR'S SIGNATURE APR 26 1951 J. B. Sasser 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen

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

7-14-11

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Aale E. Shannon

Licensed Embalmer No.

4533

P. O. Address

St. Louis Mo

- 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.