

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

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>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chesterfield</u>	
c. LENGTH OF STAY (in this place) <u>10 days</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hospital</u>	
d. STREET ADDRESS (If rural, give location) <u>R# 1</u>			
3. NAME OF DECEASED a. (First) <u>Everisto</u> b. (Middle) _____ c. (Last) <u>Garcia</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-4-1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	8. DATE OF BIRTH <u>Unknown about 64</u>
9. AGE (In years) (Month) (Day) (Year) If under 1 year: Months Days If under 24 hrs: Hours Mins. <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>	
11. BIRTHPLACE (State or foreign country) <u>Mexico?</u>		12. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>County Hospital Records</u>		ADDRESS <u>County Hospital Records</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lower Nephron Nephrosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture left leg, Frac. pelvis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>25</u>	
19a. DATE OF OPERATION <u>8-25-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Compound comminuted fracture left tibia</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>40-61 near Long Rd.</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gumbo</u> <u>St. Louis</u> <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 25 51 9P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Running across Street</u>		21g. <u>Hit by auto</u>	
22. I hereby certify that I attended the deceased from <u>3-25, 1951</u> , to <u>4-4, 1951</u> , that I last saw the deceased alive on <u>4-4, 1951</u> , and that death occurred at <u>2:15 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. C. Smith</u>		23b. ADDRESS <u>M.D. 601 S. Brentwood Clayton Mo</u>	
23c. DATE SIGNED <u>4-10-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-4-13-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anatomica</u>		24d. LOCATION (City, town, or county) (State) <u>Washington University</u>	
DATE REC'D BY LOCAL REG. <u>4/13/51</u>		REGISTRAR'S SIGNATURE <u>Robert A. Tomke</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>		ADDRESS <u>4162 Maryland Ave. St. Louis 10, Mo.</u>	

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

*checked with coroner
ok. P. J. M. C.*

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 _____

Signed.....

Student Embalmer

Licensed Embalmer No.

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.

Not Embalmed