

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29477
Registrar's No. 8149

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

1. PLACE OF DEATH
a. COUNTY 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY 2239

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS

d. FULL NAME OF HOSPITAL OR INSTITUTION 6700 MANCHESTER

d. STREET ADDRESS (If rural, give location) 23 1616 S. 14th

3. NAME OF DECEASED (Type or Print) a. (First) EUGENE b. (Middle) _____ c. (Last) GARZA

4. DATE OF DEATH (Month) (Day) (Year) AUG. 27 1952

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH AUG. 18 1882

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN

10b. KIND OF BUSINESS OR INDUSTRY SGULLIN STEEL CO

11. BIRTHPLACE (State or foreign country) TEXAS

12. CITIZEN OF WHAT COUNTRY? 1

13a. FATHER'S NAME LOUIS GARZA

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE ADLIN RAMIREZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ADLIN RAMIREZ 928 LABEAUME

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES DUE TO (b) Coronary Thrombosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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

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? 4201

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:59 a.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Patrick E. Taylor Coroner

23b. ADDRESS 1300. Clark

23c. DATE SIGNED 8.28.52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE AUG. 30 1952

24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.

24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo.

DATE REC'D BY LOCAL REG. AUG 28 1952

REGISTRAR'S SIGNATURE W. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Gravois

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Leo J. Budde

.....
Licensed Embalmer No. *3989*

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.