

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40060

10221

FILED DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis Mo</i>		c. LENGTH OF STAY (In this place) <i>2249</i>	
c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		d. STREET ADDRESS (If rural, give location) <i>3103 So. Main</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hosp #1</i>		d. STREET ADDRESS	
3. NAME OF DECEASED a. (First) <i>Federico</i> (Type or Print)		b. (Middle)	
c. (Last) <i>CASARIS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 2, 1952</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>		8. DATE OF BIRTH <i>2 Oct. 14, 1893</i>	
9. AGE (In years last birthday) <i>59</i>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Rock Quarry</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Mexico</i>		12. CITIZEN OF WHAT COUNTRY? <i>Mexico</i>	
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Unknown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>493-24-2733</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Bernard Quiroz</i>		ADDRESS <i>6107 Ouida Ave.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <i>Due to (b) Labor Pneumonia</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <i>490x</i>			
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 <i>800A</i> m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <i>Albert H. Hoppe, M.D.</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>11/6/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>11-8-52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>NOV 6 1952</i> <i>Paul Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe, 4700 Washington Blvd</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Student
Student Embalmer

Signed Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address Orleans 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.