

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19919

FILED MAY 18 1953

State File No. _____
Registrar's No. **4530**

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital | | d. STREET ADDRESS (If rural, give location) 10601 Homestead | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) AVELINA b. (Middle) SOTO c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) May 2, 1953 | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Sept. 7, 1906 | 9. AGE (In years last birthday) IF UNDER 1 YEAR 46 Months Days Hours Min. 7 25 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | 10b. KIND OF BUSINESS OR INDUSTRY Dry Cleaning | 11. BIRTHPLACE (State or foreign country) Spain | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Manuel Soto | 13b. MOTHER'S MAIDEN NAME Josephine Lopez | 14. NAME OF HUSBAND OR WIFE |
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| 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. 493-01-4263 | 17. INFORMANT'S SIGNATURE OR NAME Josephine Soto | ADDRESS Overland, Mo. |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach with | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Regional Metastases | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION 3-5-53 | 19b. MAJOR FINDINGS OF OPERATION Inoperable Ca of stomach | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 151X |
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22. I hereby certify that I attended the deceased from **1-16-1950**, to **5-2-1953**, that I last saw the deceased alive on **5-2-1953**, and that death occurred at **4 P.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Delores P. Harris MD | 23b. ADDRESS 6826 Natural Bridge | 23c. DATE SIGNED 5-4-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | 24b. DATE May 5, 1953 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. |
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| DATE REC'D BY LOCAL REG. MAY 4 1953 | REGISTRAR'S SIGNATURE J. Carl Smith MD | 25. FUNERAL DIRECTOR'S SIGNATURE Ortmann F. Home | ADDRESS 9222 Lackland |
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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.

Student Embalmer No.

Signed Al C Ostmann

Signed.....
Student Embalmer

Licensed Embalmer No. 3478

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.