

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **45606**
Registrar's No. **12379**

FILED JAN 19 1954

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

1. PLACE OF DEATH a. COUNTY D		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Taylor Springs	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Lukes Hospital		e. STREET ADDRESS (If rural, give location) 8120 8	
3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) D c. (Last) Veliz		4. DATE OF DEATH (Month) (Day) (Year) Dec 30 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 17, 1924
9. AGE (In years last birthday) 29		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Taylor Springs Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Domingo Veliz	
13b. MOTHER'S MAIDEN NAME Georgia Delgado		14. NAME OF HUSBAND OR WIFE Charlotte Veliz	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.2		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charlotte Veliz Taylor Springs Ill
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) Athrombocytosis; multiple hemorrhages ANTECEDENT CAUSES DUE TO (b) unknown cause Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Toxoplasmosis, acute generalized 1 year? 1	
		II. OTHER SIGNIFICANT CONDITIONS Tumor of anterior mediastinum 1 month? Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION Dec 53		19b. MAJOR FINDINGS OF OPERATION absence of platelets in blood on bone marrow biopsy thru hole before vessel for plasma	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 1221			
22. I hereby certify that I attended the deceased from 3 Nov. , 1953, to 30 Dec , 1953, that I last saw the deceased alive on 30 Dec , 1953 and that death occurred at 5:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Joseph Edwards M.D.		23b. ADDRESS 3720 Washington Blvd. Taylor Springs Ill	
23c. DATE SIGNED 12/31/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-30-53	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Taylor Springs Ill	
DATE REC'D BY LOCAL REG. DEC 31 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *G. W. Wilkinson*

Licensed Embalmer No..... *35*

P. O. Address..... *M. Hou*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.