

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25370

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6759

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>15 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>7826 Minnesota</u>		e. STREET ADDRESS (If rural, give location) <u>7826 Minnesota</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>TIMOTEO</u>		b. (Middle)	
c. (Last) <u>VICENTE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7/ 20/ 54</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5/22/1875</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Spain</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Bonifacio Vicente</u>		13b. MOTHER'S MAIDEN NAME <u>Lucia Benito</u>	
14. NAME OF HUSBAND OR WIFE <u>Manuela Vicente</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Manuela Vicente 7826 Minnesota</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis.</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u> DUE TO (c) <u>Heat by exhaustion.</u> 7 days. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u> <u>St. Louis</u> <u>MO</u>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>53</u> to <u>July</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>16 July 54</u> and that death occurred at <u>7:30 AM</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>John G. Keelott M.D.</u>		23b. ADDRESS <u>2627 Telegraph</u>	
23c. DATE SIGNED <u>31 July 54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>7/23/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Lemay 23, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fendler Und. Co. 7420 Michigan</u>	
DATE REC'D BY LOCAL REG. <u>JUL 22 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	

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.....  
Signature of Student Embalmer

Signed *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Mi*

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.