

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34787

State File No.

FILED NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Hazelton</u>		c. CITY OR TOWN <u>Crest</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Memorial Hosp</u>			
3. NAME OF DECEASED (Type or Print) <u>FRANCISCO</u>		a. (First) <u>FRANCISCO</u>	b. (Middle) _____
		c. (Last) <u>RODRIGUEZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-22-54</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Mex</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>3-13-1906</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR <u>4</u> MONTHS <u>16</u> DAYS	IF UNDER 2 HRS. <u>16</u> HOURS	MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <u>Day laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brownsville, Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>TIRSO NYAIA</u>	13b. MOTHER'S MAIDEN NAME <u>Marcela Rodriguez</u>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Joe Meram Steele</u> ADDRESS <u>St 3</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>2 wks.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>very general degeneration</u>		
	DUE TO (c) <u>ex. B-C. Disease</u>		
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 <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-18-, 1954, to 10-22-, 1954, that I last saw the deceased alive on 10-22-, 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>No. 10 Shreve Clinic Way, Mo.</u>	23c. DATE SIGNED <u>11-3-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>
DATE REC'D BY LOCAL REG. <u>11-8-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	406-0	25. FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>St. Louis MO</u>

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

11-269-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 12 1954

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 *John H. German*.....

Licensed Embalmer No. *435*.....

P. O. Address *Hayti, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.