

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9439

318

1003

2156

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

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</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>St. Louis, City Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>21 2840 OLIVE 2210</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUSTINE</u> b. (Middle) <u>A.</u> c. (Last) <u>CERVANTES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 8 1955</u>						
5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>March 26, 1884</u> 9. AGE (In years last birthday) <u>70</u> <table border="1"><tr><td>IF UNDER 1 YEAR</td><td>IF UNDER 1 HR.</td></tr><tr><td>Months</td><td>Days</td></tr><tr><td>Hours</td><td>Min.</td></tr></table>	IF UNDER 1 YEAR	IF UNDER 1 HR.	Months	Days	Hours	Min.
IF UNDER 1 YEAR	IF UNDER 1 HR.						
Months	Days						
Hours	Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE AGENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INSURANCE</u>						
11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>						

13a. FATHER'S NAME <u>Louis Cervantes</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Hertling</u>	14. NAME OF HUSBAND OR WIFE <u>VICTORIA</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>NIL.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Victoria Cervantes</u> ADDRESS <u>2612 So. Grand</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
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"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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? <u>4201</u>

22. I hereby certify that I attended the deceased from March 8, 1955, to March 8, 1955, that I last saw the deceased alive on March 8, 1955, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Budd Jr., M.D.</u> (Degree or title)	23b. ADDRESS <u>1515 Lafayette</u>	23c. DATE SIGNED <u>3/8/55</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-9-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter & Paul Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAR 8 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u> ADDRESS <u>4700 Washington</u>
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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, Student Embalmer No. working under my personal supervision. .

Student.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *374*

P. O. Address *St. Louis*

**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.**