FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 022594

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5514

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes X No ☐	c. CITY OR TOWN ST. Louis — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 02 Alexian Bros. Hosp. — Length of stay in 1b 4 weeks	d. STREET ADDRESS (If outside, give location) 324 3431 Illinois — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First: Edwin	Middle: Joseph	Last: Hortiz	4. DATE OF DEATH Month Day Year: June 12, 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: June 4, 1896	9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. 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: Grace Sign Co.	11. BIRTHPLACE (City and state or country): St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Albert Hortiz		14. MOTHER'S MAIDEN NAME: Katie Ditzler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. #1	16. SOCIAL SECURITY NO.: 494-01-2725	17. INFORMANT: Naida Hortiz	Address: 3431 Illinois	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the stomach

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) with diffuse peritoneal

DUE TO (c) metastases

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

151X

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-13-57, to 6-12-57 and last saw ~~her~~ him alive on 6-11-57

Death occurred at 10:30 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph E. Don Kaenel M.D.	22b. ADDRESS: 6349 N. Grand Blvd	22c. DATE SIGNED: 6/12/57	
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: June 15, 1957	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State): St. Louis, Co, Mo.
24. FUNERAL DIRECTOR: Witt Bros. L. & U. Co.	ADDRESS: 2929 S. Jefferson	25. DATE RECD. BY LOCAL REG.: JUN 13 '57	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No...

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