Health, & Welfare Public Service

. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 25 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-015785

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3948

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY
b. CITY 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) 3823 S Main — Length of stay in Hospital 16 yrs.	d. STREET ADDRESS (If outside, give location) 3823 S Main — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First VIDAL (VIDAL) Middle — Last FLORES

4. DATE OF DEATH: Month Apr. Day 7, Year 1958

5. SEX: M 0

6. COLOR OR RACE: W

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ] 0

8. DATE OF BIRTH: Unknown

9. AGE (In years last birthday): 55 — 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): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): MEXICO 3

12. CITIZEN OF WHAT COUNTRY? MEXICO

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 523-09-5404

17. INFORMANT: Mrs. Carmen Bauer- 3823½ S. Main, St. Louis

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) 2nd and 3rd degree burns of entire body.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) E916 0/16

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 [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suffered in fire in shack (home)

20c. TIME OF INJURY Hour 4 a.m. p.m. 7 58 Month, Day, Year April 7, 1958 Cause undetermined

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.) 24 Home

20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE 000

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 400 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James M Kelly (Degree or title) Deputy Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 4-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 4/9/58

23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.

23d. LOCATION (City, town, or county) (State) Lemay 23 Mo.

24. FUNERAL DIRECTOR Fendler Und. Co. ADDRESS 7420 Michigan

25. DATE RECD. BY LOCAL REG. APR 9 '58

26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed W. B. Patterson

Licensed Embalmer No. 3767

P. O. Address 7420 Midway

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.