

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038443

STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

REG OCT 20 1958 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2627

|                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |                                                                                                                                                          |                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>                                                                                                                                                                                                                                                                                                                                                                                                           |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>ILL</u> b. COUNTY <u>St. Clair</u>                  |                                                                                                   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>RICHTER HEIGHTS</u><br>OR TOWN <u>CLAYTON</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                              |                              | c. CITY OR TOWN <u>E. St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |                                                                                                   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u> Length of stay in 1b <u>15 min</u>                                                                                                                                                                                                                                                                                                                    |                              | d. STREET ADDRESS (If outside, give location) <u>1921 N. 40th St.</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                                                                                   |
| 3. NAME OF DECEASED (Type or print) First <u>Concepcion</u> Middle <u>GARCIA</u> Last <u>GARCIA</u>                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                                                          | 4. DATE <u>10 13 58</u> Month <u>10</u> Day <u>13</u> Year <u>58</u>                              |
| 5. SEX <u>F</u>                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6. COLOR OR RACE <u>W</u>    | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Dec 8, 1899</u>                                                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>                                                                                                                                                                                                                                                                                                                                              |                              | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>                                                                                                         | 9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 11. BIRTHPLACE (City and state or country) <u>Spain</u>                                                                                                                                                                                                                                                                                                                                                                                                   |                              | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                                                                                                  |                                                                                                   |
| 13. FATHER'S NAME <u>Tosco Cueto</u>                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | 14. MOTHER'S MAIDEN NAME <u>Rosa Suarez</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 <u>Marino Garcia</u> Address <u>E. St. Louis Ill</u>                                |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Coronary occlusion</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4/201</u> |                              |                                                                                                                                                          | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>                                                     |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                 |                              | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)                                                             |                                                                                                   |
| 20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m.                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                                                                                                                          |                                                                                                   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                    |                              | 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 <u>sep 6 1958</u> to <u>sep 13, 1958</u> and last saw her <u>alive on sep 13 1958</u><br>Death occurred at <u>4:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                           |                              |                                                                                                                                                          |                                                                                                   |
| 22a. SIGNATURE (Degree or title) <u>E. Reinshmiter M.D.</u>                                                                                                                                                                                                                                                                                                                                                                                               |                              | 22b. ADDRESS <u>508 N. Grand</u>                                                                                                                         | 22c. DATE SIGNED <u>10/13/58</u>                                                                  |
| 23a. BURIAL, CREMATION OR OTHER DISPOSITION <u>Burial</u>                                                                                                                                                                                                                                                                                                                                                                                                 | 23b. DATE <u>Oct 15 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>                                                                                                     | 23d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>                         |
| 24. FUNERAL DIRECTOR <u>Burke Funeral Home</u> ADDRESS <u>E. St. Louis</u>                                                                                                                                                                                                                                                                                                                                                                                |                              | 25. DATE RECD. BY LOCAL REG. <u>10-13-58</u>                                                                                                             | 26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>                                            |

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....  
*Chas M. Burke*

Licensed Embalmer No. 2421

P. O. Address..... E. St. Lo

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