

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 13 1959

59-026663

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7239** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Mo.</i>		Length of stay in lb <i>30 min</i>		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Anthony's</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>5033 Oleatha</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Viola</i> Middle <i>Garcia</i>				4. DATE OF DEATH Month <i>Aug</i> Day <i>7</i> Year <i>1959</i>				
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>12/25/1901</i>		
				9. AGE (last birthday) <i>57</i>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>St. Louis Mo</i>		
12. CITIZEN OF WHAT COUNTRY <i>USA</i>				13a. FATHER'S NAME <i>Hy Young</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		
14. NAME OF HUSBAND OR WIFE <i>Louis</i>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or details of service) <i>No</i>				
16. SOCIAL SECURITY NO. <i>590-46-6476</i>				17. INFORMANT <i>Louis Garcia</i> Address <i>5033 Oleatha</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ARTERIOSCLEROTIC HEART DISEASE</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____						DUE TO (c) <i>420.0</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 a.m. p.m. Month, Day, Year		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 <i>July 1955</i> to <i>July 21, 1957</i> and last saw her/him alive on <i>July 21, 1957</i> Death occurred at <i>3:05</i> <i>A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>Mo</i>				22b. ADDRESS <i>Mo Shertro Bldg</i>		22c. DATE SIGNED <i>8/4/59</i>		
23a. BURIAL CREMATION REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Aug 5 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Mt Hope Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co Mo.</i>		
24. FUNERAL DIRECTOR <i>Jas. P. Tendler Jr.</i> ADDRESS <i>7128 Michigan</i>				25. DATE RECD. BY LOCAL REG. <i>AUG 4 '59</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

file

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Cook

Licensed Embalmer No. 3093

P. O. Address 7128 9th

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.