

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>7 Days</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Anthony's Hospital</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>2316 Menard St</i>	
				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>Consepcion Rios</i>			4. DATE OF DEATH Month Day Year <i>10-27-60</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>125-1879</i>	9. AGE (last birthday) <i>81</i>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Kept House</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (City and state or country) <i>Mexico, Mo.</i>	12. CITIZENSHIP OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Donaciano Garcia</i>		13b. MOTHER'S MAIDEN NAME <i>Feliza Mireles</i>		14. NAME OF HUSBAND OR WIFE <i>John V. Rios</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT <i>John Rios</i>	Address <i>2316 Menard St.</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Cerebral apoplexy with hemiplegia right.</i>		<i>3 days</i>
DUE TO (b) <i>arterio-sclerosis</i>		<i>33 1/2 yrs</i>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cataract rt. eye (surgery 10/24/60)</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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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.) <i>C</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <i>10-24-60</i> to <i>10-27-60</i> and last saw her alive on <i>10-27-60</i> Death occurred at <i>6:45 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.
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21. SIGNATURE (Degree or title) <i>George A. O'Sullivan, M.D.</i>	21b. ADDRESS <i>7629 Goody Ave.</i>	21c. DATE SIGNED <i>10-28-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-31-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, MO.</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Weick Bros 2201 S. Grand</i>	25. DATE RECD. BY LOCAL REG. <i>OCT 28 1960</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.P.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AP Name: James  
2227 4 2 P. O. Address  
10 1/2

**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 James Bunsley \_\_\_\_\_  
Licensed Embalmer No. 31

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.