N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 31 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

96 County Saint Louis — Registration District No. 789 — File No. 17544

Township Central — Primary Registration District No. 6033 — Registered No. 102

City ~~Pine Lawn~~ (No. 4000 Oakwood Avenue St. ..... Ward)

2. FULL NAME Julia Vasquez

(a) Residence, No. 4000 Oakwood Ave St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Whiteed
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peter Vasquez, (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 1st, 1853

7. AGE: 83 YEARS — MONTHS: 5 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

2.30

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Charles Montaigne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Eliza Aubuson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Julius Vasquez, 4000 Oakwood Ave, Pine Lawn

18. BURIAL, CREMATION, OR REMOVAL: St. Ferdinand Cem
PLACE Florrisant, Mo DATE April, 5th 1937

19. UNDERTAKER (ADDRESS): Jos. W. Clark, 1125 Hodiamont Avenue

20. FILED 4-2, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/26, 1930 to April 1st, 1937

I last saw her alive on 4/1/37, 1937. Death is said to have occurred on the date stated above, at 8.30P m.

The principal cause of death and related causes of importance were as follows:

Cardiovascular renal disease. generalized arteriosclerosis, chr. myocarditis, chr. bronchitis

Date of onset

131

Other contributory causes of importance:

Chr. myocarditis, chr. bronchitis. Generalized arteriosclerosis. Uremia, extreme senility.

Name of operation ..... Date of .....

What test confirmed diagnosis? cli. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.

(Address) 3712 Jennings Rd

4/2/37