

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

41534
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No..... **791**
 (b) Township..... Primary Registration District No..... **1003**
 (c) City St. Louis (d) Street No. 6130 Pershing Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Rafael P Serrano

(a) Residence, No. 6130 Pershing Ave. St. 5 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosaura

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24th. 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 2 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mexican Consul
 9. Industry or business in which work was done, as saw mill, bank, etc. AR
 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) Mexico

FATHER 13. NAME Mariano Serrano

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

MOTHER 15. MAIDEN NAME Manuela Serranno

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT Evalyn Serrano
 (ADDRESS) 6130 Pershing Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cent. DATE 12/30/38 19

19. FUNERAL DIRECTOR (ADDRESS) Harrigan & Sheehan Und
4415 Washington Blvd

20. FILED DEC 29 1938 J. B. Bulech Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/38 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1938 to Dec. 28 1938

I last saw him alive on Dec. 28 1938. Death is said to have occurred on the date stated above, 10:10am
 The principal cause of death and related causes of importance were as follows:

Myocarditis Acute following Influenza

Date of onset Dec 1. 1938

Other contributory cause of importance Chrom Interstitial nephritis Arterial Sclerosis

Name of operation none Date of.....
 What test confirmed diagnosis? Chgo. Exam. Was there an autopsy?.....

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? No
 If so, specify.....
 (Signed) P. J. Heuser M.D. M. D.
 (Address) 6134 40 Grand Blvd

For Paul Huer
Mrs. Gledy

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Guy W. Wilkinson*.....
Licensed Embalmer No..... *3575*.....
P. O. Address.....

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 this body is not embalmed, above space should be left blank.