

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.

REC'D MAY 10 1939

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

13615

Do not use this space.

791
1003

Registered No. 3957

1. PLACE OF DEATH

(a) County..... / Registration District No.....
(b) Township..... / Primary Registration District No.....
(c) City..... St. Louis (d) Street No. City Hospital No. 1 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

E. 1079

2. PRINT FULL NAME

(a) Residence, No. 416 Casimera Alfero
1610 South 13th St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF late John Alfero
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 1 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) Spain

FATHER 13. NAME Jose Jurado

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

MOTHER 15. MAIDEN NAME Kathleen (Unknown)

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spain

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Hope DATE 4-29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Southern Ind Co 6322 S. Grand

20. FILED APR 28 1939 J. H. Brodeur Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27/39, 19...
22. I HEREBY CERTIFY, That I attended deceased from 4/24/39 to 4/27/39, 19...
I last saw her alive on 4/27/39, 19... Death is said to have occurred on the date stated above, at 9.15 a.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Chronic Myocarditis

Other contributory causes of importance:

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

What test confirmed diagnosis?..... 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?.....

If so, specify (Signed) Leon P. Pike, M. D.
(Address) City Hosp. #1

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 _____

Virgil L. Berryman

Licensed Embalmer No. _____

4018

P. O. Address _____

St Louis Mo.

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.