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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23990

State File No.

Registrar's No.

6435

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
14 Days /

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1520 Rear S. Broadway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Emma Perez 620

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emilio Perez 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 25, 1908
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 30 day _____
year 1940 hour 2:15 minute _____ A.M.

21. I hereby certify that I attended the deceased from July 16, 1940, to July 30, 1940;
that I last saw her alive on July 30, 1940;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death Lobar Pneumonia Type XXXIII 14 days
Chronic Pulmonary Tuberculosis

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy As above

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Emilio Perez

(b) Address 1520 Rear S. Broadway

17. (a) Burial (b) Date thereof 8/2/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Mackay-Welderle

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Mackay-Welderle

(b) Address 2331 S. Broadway

19. (a) JUL 31 1940 (b) J. F. Bredek
(Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Samuel Wallage M.F.
(M. D. or other) m.f.

Address 1515 St. Fayette St. Date signed 7-30-40

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

Robert C. Wheeler

Licensed Embalmer No.

2158

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, fact should be so stated above.