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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8971

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2381

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 304 Washington Bl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 20 years years.

3. (a) PRINT FULL NAME LOUIS SANCHEZ

3. (b) If veteran, name war none

3. (c) Social Security No. unknown

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 21, 1895 (Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Mexico (City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business Pool room

MOTHER FATHER
12. Name unknown
13. Birthplace Mexico (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Mexico (City, town, or county) (State or foreign country)

16. (a) Informant Louis Ramos
(b) Address 4039 Marion Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 17, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A W McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) MAR 16 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd year 1941 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide Poisoning, suffered in fire in basement (of this address) Due to Origin) at 304 Washington Arrived about 2:30 pm Due to March 3rd 1941 Damages to Bldg $100.00 — Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 3/3/41
(c) Where did injury occur? Not Stated No (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No Farm (Specify type of place)
While at work? No (e) Means of injury Fire

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 3/16/41

(Licensed Embalmer's Statement on Reverse Side)

#3

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.....

Licensed Embalmer No.....

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, fact should be so stated above.