

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40081

LED JAN 24 1942
Registration District No. 791

Primary Registration District No. 1003

State File No. _____
Registrar's No. 9793

1. PLACE OF DEATH:

(a) County..... ST. LOUIS. MO.
(b) City or town.....
(c) Name of hospital or institution:
O ST JOHNS. HOSP.
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO
(b) County.....
(c) City or town..... ST LOUIS.
(d) Street No. 5789. WESTMINSTER
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME JULIUS M. AGUADO
3. (b) If veteran, name war.....
3. (c) Social Security No. 488-09-8561

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 9
year 1941 hour minute 8:45 A.M.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced DIVORCED
(b) Name of husband or wife CARMEN BERTUMEN
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased APRIL 12 1879.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 7 - 1941 to Dec 9 - 1941 that I last saw him alive on Dec. 9 - 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 62' Months 7 Days 27 hr. min.

Immediate cause of death
Cerebral Arterio-Sclerosis with Brain Softening
Due to Corbuncle of Back
Due to Hypostatic Congestion of Lung 7 days probably bronchial pneumonia
Other conditions:
Major findings: Of operations Corbuncle
Physician _____
Underline the cause to which death should be charged statistically.

9. Birthplace MEXICO (State or foreign country) 3

10. Usual occupation MACHINIST

11. Industry or business LEDLOW SAYLOR WIRE CO

12. Name ADRIAN AGUADO

13. Birthplace MEXICO (State or foreign country) 3

14. Maiden name DELORIS CANZALEZ

15. Birthplace MEXICO (State or foreign country) 31

16. (a) Informant Adrian Aguado
(b) Address 5789 WESTMINSTER

17. (a) BURIAL (b) Date thereof 12-22-41
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director D. M. Muller
(b) Address 2165 DELMAR BLYD.
19. (a) DEC 10 1941 J. F. Budack (Registrar's signature)

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
23. Signature A. J. Raymond (M. D. or other) O
Address 4290 N. Pine Bl. Date signed 12-9-41

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

20
17
9

In a Room

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 W. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.