

S. No. 2
M-542
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35408**
Registrar's No. **9689**

FILED DEC 1 1942
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **ALEXIAN BROS. Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **Frank S. Gomez Sr.**
3. (b) If veteran, name war **NO.**
3. (c) Social Security No. **494-09-5377**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **EVA GOMEZ**
6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **OCTOBER 4 1884**
(Month) (Day) (Year)

8. AGE: Years **58** Months **1** Days **14**
If less than one day _____ hr. _____ min.

9. Birthplace **MEXICO** (City, town, or county) **3** (State or foreign country)

10. Usual occupation **Blacksmith**

11. Industry or business _____

MOTHER { 12. Name **GOMEZ**
13. Birthplace **MEXICO** (City, town, or county) **3** (State or foreign country)
14. Maiden name **UNKNOWN**
15. Birthplace **MEXICO** (City, town, or county) **3** (State or foreign country)

16. (a) Informant **Frank Gomez jr**
(b) Address **41703 Castleman**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov 21 42**
(Month) (Day) (Year)
(c) Place: burial or cremation **CAIVERY CEMETERY**

18. (a) Signature of funeral director **E.J. Schuur**
(b) Address **3125 LaFAYETTE AV.**

19. (a) **NOV 21 1942** (Date received local registrar) (b) **J.F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **000**
(c) City or town **ST. LOUIS** (If outside city or town limits, write "RURAL") **179**
(d) Street No. **41703** (If rural, give location) **CASTLEMAN**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **18** year **1942** hour **2** minute **P.M.**
21. I hereby certify that I attended the deceased from **November 14** 19 **42** to **Nov. 18** 19 **42**
that I last saw him alive on **Nov. 18** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death
**Arteriosclerosis
Coronary Thrombosis**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy **Coronary Thrombus**
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) _____
(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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature **M.O. Schneider** (M. D. or other) _____
Address **3318 So. Grand** Date signed **11-20-42**

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

Joseph B. Wallmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lakeville*

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.