U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38695
10799

FILED JAN -5 1943

Registration District No. 3118 Primary Registration District No. 1003 Registrar's No.

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: 5653 Labanne Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEASCED: 000 17 5 9

(a) State Mo (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5653 Labanne Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME May Fernandez
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George J. Fernandez
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 16 (Day) 1868 (Year)

8. AGE: Years 74 Months 3 Days 9 If less than one day hr. min.

9. Birthplace New Orleans (City, town, or county) 1 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
12. Name Joseph de Freatis (Father)
13. Birthplace Spain (City, town, or county) 5 (State or foreign country)
14. Maiden name Margaret Nash (Mother)
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
16. (a) Informant Mrs Elly D. Tully
(b) Address 5653 Labanne Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 2 1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Orleans, La.
18. (a) Signature of funeral director L. Muller Mid Co.
(b) Address 5165 Delmar Blv.
19. (a) DEC 26 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 III
year 1942 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from December 25 1942 to December 25 1942
that I last saw him/her alive on December 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction — Duration Uncertain
Due to Carcinoma of Intestinal Tract
Due to
Other conditions (Include pregnancy within 3 months of death) N/C
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)
(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 G. O. Brown M.D. (M. D. or other) MD
Address 1325 S. Grand Blvd. Date signed 12/26/42

(Licensed Embalmer's Statement on Reverse Side)

[illegible]
Vernon Geo Lodge Hoop

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 St 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.