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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. 19103

Registration District No. FED JUN 7 1943 17 — Primary Registration District No. 6076 — Registrar's No. 1254

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9
Veterans Administration Facility,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Apr. 25, 1943.
(Specify whether years, months or days)

In this community unknown.

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State: Missouri (b) County: 9

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

(d) Street No.: 4019 Finney Avenue
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No) /

If yes, name country: -

3. (a) PRINT FULL NAME: Thomas M. Santiago

3. (b) If veteran, name war: World War #1

3. (c) Social Security No. 487-26-0951

4. Sex: male

5. Color or race: Philippino

6. (a) Single, widowed, married, divorced: Married /

6. (b) Name of husband or wife: Blanche

6. (c) Age of husband or wife if alive: 22 years

7. Birth date of deceased: September (Month) 16, (Day) 1893 (Year)

8. AGE: Years 49 Months 8 Days 10 If less than one day hr. min.

9. Birthplace: Philippine Islands (City, town, or county) 7 (State or foreign country)

10. Usual occupation: Elevator Operator

11. Industry or business: -

FATHER
12. Name: Pedro Santiago
13. Birthplace: Philippine Islands (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name: Petra Mendoza
15. Birthplace: Philippine Islands (City, town, or county) 7 (State or foreign country)

16. (a) Informant: Alice Selvaggi
(b) Address: Actg. Clinical Clerk, VAF Jeff. Bk. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/1943 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery

18. (a) Signature of funeral director: Charles J. Gates
(b) Address: 4107 Finney Avenue

19. (a) 5-29-43 (Date received local registrar) (b) C. G. McKaron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th, year 1943 hour 10:32 minute A. M.

21. I hereby certify that I attended the deceased from April 25, 1943 to May 25, 1943 that I last saw him alive on May 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic heart disease, myocardial damage, myocardial insufficiency, multiple valvular damage.	Unknown
Due to: -	
Due to: -	
Other conditions: None. (Include pregnancy within 3 months of death)	

Major findings:
Of operations: None.
Of autopsy: No 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): No
(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 which place)
While at work? (e) Means of injury

23. Signature: A. M. COCHRAN, M.D., (M. D. or other)
Address: Chief Medical Officer, Vet. Adm. Fac. Jeff. Bk., Mo. Date signed 5/25/43

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. _____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2194

P. O. Address 1711 North Taylor Aven

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.