

U. S. No. 2
DOM-5-43
rev. 5-17-39
I X38871

STANDARD CERTIFICATE OF DEATH

21936

State File No.

Registration District No.

318

Primary Registration District No.

100's

Registrar's No.

6162

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:
FIRMIX DESTOGE Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST. CLAIR 999
(c) City or town FAIRMONT City 11
(If outside city or town limits, write "RURAL")
(d) Street No. 2523 North 39th St.
(If rural, give location) NR 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Garcia, Florence

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOE GARCIA 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased MARCH 14th 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 4 1 --- hr. --- min.

9. Birthplace UNKNOWN SPAIN 5
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business At home

12. Name BARTholomy BROWN

13. Birthplace UNKNOWN SPAIN 5
(City, town, or county) (State or foreign country)

14. Maiden name ~~UNKNOWN~~ FLORENCE SERGLAS

15. Birthplace UNKNOWN SPAIN 5
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Garcia

(b) Address FAIRMONT City Ill.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 18, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation MT HOPE

18. (a) Signature of funeral director John J. Keedy

(b) Address East St. Louis Ill.

19. (a) JUL 26 1945 (Date received local registrar) J.P. Bredbeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1945 hour 1:28 A. minute _____ M.

21. I hereby certify that I attended the deceased from June 16th, 1945, to July 15, 1945.
that I last saw her alive on July 15th, 1945.
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion due to
Duration _____

Due to Arteriosclerosis of Coronary Arteries Uncertain

Due to _____

Other conditions acute glomerular nephritis Uncertain
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Confirmed above diagnosis OK
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? _____

While at work _____ (Specify type of place) (c) Means of injury _____

23. Signature J.P. Bredbeck (M. D. or other) NO
Address 13255 Grand Date signed 7/16/45

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

CO
7
9

MOTHER FATHER

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.

Not Embalmed

Signed John J. Kasley
Licensed Embalmer No. Ill 6855
P. O. Address East St. Louis, Ill

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.