

No. 2
A-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35105

State File No. _____

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8912

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:
7112 Pennsylvania /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community twenty years years, months or days)

3. (a) PRINT FULL NAME Mary 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 widow
6. (b) Name of husband or wife Herman Fernandez
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April ? 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 5 ? hr. min.

9. Birthplace Spain
(City, town, or county) (State or foreign country)

10. Usual occupation house wife (widow)
at home

11. Industry or business _____

12. Name Ramon Fernandez

13. Birthplace Spain
(City, town, or county) (State or foreign country)

14. Maiden name Maria Nuevo

15. Birthplace Spain
(City, town, or county) (State or foreign country)

16. (a) Informant Olivera Mink

(b) Address 7112 Pennsylvania

17. (a) burial (b) Date thereof 10-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) 318 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7322 Michigan
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17th
year 1946 hour 10 minute 45 a.m.

21. I hereby certify that I attended the deceased from March 2nd
1946 to Oct. 12 1946
that I last saw her alive on Oct. 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture and
cachexia

Due to Carcinoma of St. Lung

Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: inoperable
Of operations carcinoma of St. Lung.
Of autopsy _____

Duration
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 Herman Mearns (M. D. or other)
Address 508 N. Grand Date signed Oct 18 46

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

MOTHER FATHER

11. 22. 52
M. C. Spillars

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 Ernest W. Spillars

Licensed Embalmer No. 4080

P. O. Address.....

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.