

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31558
Registrar's No. 104

FILED JAN 27 1947
Registration District No. 317

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
Specify whether

In this community 19 yrs.
years, months or days

3. (a) PRINT FULL NAME Santoyo, Abigail

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F / 5. Color or race wh

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive 18 23 years
(Month) (Day) (Year)

7. Birth date of deceased 1 18 23
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>23</u>	<u>11</u>	<u>29</u>	hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Abigail Santoyo

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

14. Maiden name Michel Huaduo

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

16. (a) Informant Rachal Santoyo

(b) Address 716 Lemay Ferry Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 20-47
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 1-20-47 (Date received local registrar) (b) Ruth J. Allen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No. 716 Lemay Ferry Rd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1947 hour 3 minute 17 A.M.

21. I hereby certify that I attended the deceased from January 16, 1947, to January 17, 1947; that I last saw her alive on January 17, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Malignant

Due to malignant hypertension

Due to chronic nephritis

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) (e) Means of injury

23. Signature Wm. C. Cretchlow (M. D. or dentist)

Address Clayton, Mo. Date signed 1/17/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Lina C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broad*

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.