

FILED JUN 21 1948

Primary Registration District No. **1003**

Registrar's No. **5342**

Registration District No. **318**

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town ST LOUIS 170  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: MISSOURI PACIFIC HOSP 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community FLORES, 6 days  
years, months or days)

3. (a) PRINT FULL NAME El Jesus (Jess) Florez

3. (b) If veteran, name war World War I 3. (c) Social Security No. 522-20-1027

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mary Florez 6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased June 4 1894  
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 79 If less than one day  
hr. min.

9. Birthplace Guadalupe Old Mexico  
(City, town, or county) (State or foreign country)

10. Usual occupation Section Laborer

11. Industry or business

MOTHER FATHER { 12. Name Eulalia Florez  
13. Birthplace Old Mexico  
(City, town, or county) (State or foreign country)  
14. Maiden name Alega Sanchez  
15. Birthplace Old Mexico  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Florez  
(b) Address Ordway, Colo.  
17. (a) Removal (b) Date thereof 6-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ordway, Colorado  
18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) JUN 11 1948 (b) J. R. Sheridan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colo (b) County Crowley  
(c) City or town ORDWAY  
(If outside city or town limits, write "RURAL")  
(d) Street No. N.R. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 11  
year 1948 hour 7 minute 40 AM

21. I hereby certify that I attended the deceased from JUNE 5  
1948, to JUNE 11, 1948  
that I last saw him alive on JUNE 10, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death RUPTURE OF AORTIC ANEURYSM  
Due to SYPHILIS - many years

Due to [Handwritten mark]  
Other conditions (Include pregnancy within 3 months of death) [Handwritten mark]

Major findings: Of operations [Handwritten mark] Of autopsy [Handwritten mark]  
PHYSICIAN [Handwritten mark]  
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) (c) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature J. R. Sheridan M. D. or other) \_\_\_\_\_  
Address 1755 So Grand Date signed 6-11-48

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

5349

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**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..... *J. W. Wilkins*.....  
Licensed Embalmer No. *3575*.....  
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.**