

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38736**  
**9561**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>441 Wilmington</b>				d. STREET ADDRESS (If rural, give location) <b>441 Wilmington</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Baptiste</b> b. (Middle) <b>Garcia</b> c. (Last) _____			4. DATE OF DEATH <b>Nov. 5, 1949</b>					
5. SEX <b>male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jun. 24, 1903</b>		
9. AGE (10 years last birthday) <b>46</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Spain</b>		12. CITIZEN OF WHAT COUNTRY? <b>S</b>	
13a. FATHER'S NAME <b>Emile Garcia</b>			13b. MOTHER'S MAIDEN NAME <b>Renedios Campa</b>			14. NAME OF HUSBAND OR WIFE <b>Cecelia Garcia</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Cecelia Garcia 441 Wilmington</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary disease</b> ANTECEDENT CAUSES <b>Chr. Hypertension</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <b>about 15 min</b>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) <b>93</b>		(STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H 2nd</b>				
22. I hereby certify that I attended the deceased from <b>7/16/49</b> , 19 <b>49</b> , to <b>11/5</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>11/2</b> , 19 <b>49</b> , and that death occurred at <b>6:30a</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>W.F. Neun</b> (Degree or title) _____				23b. ADDRESS <b>520 7th St. Chippewa</b>		23c. DATE SIGNED <b>11/5/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-8-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 6 1949</b>		REGISTRAR'S SIGNATURE <b>J.B. Fowler</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>		ADDRESS <b>6322 S. Grand Blvd.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Neun  
5<sup>5</sup> 203  
~~5603~~ Chippewa  
264

with

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed: David Van Gossaw

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand

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.