

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32011

State File No.

FILED SEP 28 1951

4502
4

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>3244</u>			
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Louis</u>					
b. CITY OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>2 Months</u>		c. CITY OR TOWN <u>CLAYTON</u>		<u>4462</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HANLEY HOME</u>				d. STREET ADDRESS (If rural, give location) <u>6639 ALAMO AVE.</u>					
3. NAME OF DECEASED (Type or Print) <u>MATHILDE</u>			a. (First)			b. (Middle)			
c. (Last) <u>DeMESQUITA</u>			4. DATE OF DEATH			(Month) <u>9</u> (Day) <u>25</u> (Year) <u>1951</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12/3/1870</u>			
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>22</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Lasaunne Switzerland</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Hendrickson's GASTRO CATERIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>9</u>			
13a. FATHER'S NAME <u>Gas M. Matthey</u>			13b. MOTHER'S MAIDEN NAME <u>?</u>			14. NAME OF HUSBAND OR WIFE <u>El Fredode DeMesquita</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-18-1732</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leon DeMesquita</u> ADDRESS <u>6639 Alamo Ave.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pelvic Abscess</u>				DUPLICATE OF (b) <u>Ventral Hernia</u>				<u>2 mos</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (c) <u>R. 5603</u>				<u>10 yrs +</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>Arteriosclerosis General.</u>				<u>10 yrs +</u>	
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) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>7/12/51</u> , 19 <u>51</u> , to <u>9/25/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9/25/51</u> , 19 <u>51</u> and that death occurred at <u>3:00</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John J. Kennedy</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>508 N. Grand Ave.</u>		23c. DATE SIGNED <u>9/25/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-25-51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Danke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u> ADDRESS <u>6633 Clayton Road</u>					

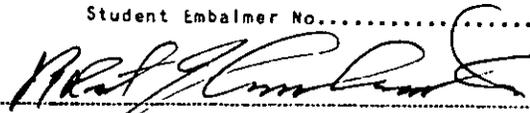
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....

Student Embalmer

Licensed Embalmer No..... 1994

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.