

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6410

State File No.

1618

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis, Missouri**
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis City Hospital #1**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri**
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 d. STREET ADDRESS (If rural, give location) **23 1044 Marion**

3. NAME OF DECEASED
 a. (First) **Philip** b. (Middle) **also known as** c. (Last) **Garcia**
 (Type or Print) **Frank Gonzales**

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 18, 1952

5. SEX **M** 6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **Married**

8. DATE OF BIRTH **5-26-1890**

9. AGE (In years last birthday) **61**
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Clerk

10b. KIND OF BUSINESS OR INDUSTRY **Wabash Rail**

11. BIRTHPLACE (State or foreign country) **Mexico**

12. CITIZEN OF WHAT COUNTRY? **US**

13a. FATHER'S NAME **Unknown**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Casimera**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes

16. SOCIAL SECURITY NO. **702-05-1137**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Casimera Garcia 1044 Marion Ave. St. Louis Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Vascular Thrombosis**
 ANTECEDENT CAUSES
 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

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **322X**

22. I hereby certify that I attended the deceased from **2-13-52**, 19____, to **2-18-52**, 19____, that I last saw the deceased alive on **2-18-52**, 19____, and that death occurred at **1:00A** m., from the causes and on the date stated above.

23a. SIGNATURE **F. J. Cotzars M.D.** (Degree or title)

23b. ADDRESS **1515 Lafayette Avenue**

23c. DATE SIGNED **2-18-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **2-21-52**

24c. NAME OF CEMETERY OR CREMATORY **Mc. HOPE**

24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **FEB 20 1952**

REGISTRAR'S SIGNATURE **Carl Smith M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
MCLAUGHLIN FUNERAL HOME, INC. 2301 LAFAYETTE

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

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 _____

H. G. Harris

Signed.....
Student Embalmer

Licensed Embalmer No. 3384

P. O. Address 2301 Lafayette

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.