

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14645**

FILED MAY 1 - 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3777**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2129	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5245^a DELMAR BL		d. STREET ADDRESS (If rural, give location) 12 5245^a DELMAR^a BL	

3. NAME OF DECEASED (Type or Print) a. (First) IGNACIO b. (Middle) c. (Last) PEREZ		4. DATE OF DEATH (Month) (Day) (Year) APRIL 20-1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 5-1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BED ASSEMBLER		10b. KIND OF BUSINESS OR INDUSTRY AMERICAN BED SPRG	
11. BIRTHPLACE (State or foreign country) CUBA		12. CITIZEN OF WHAT COUNTRY? 3	

13a. FATHER'S NAME IGNACIO PEREZ	13b. MOTHER'S MAIDEN NAME JUSTINA MENEZES	14. NAME OF HUSBAND OR WIFE Mr Josephine PEREZ
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Josephine Perez - 5245^a Delmar BL

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, ashenia, 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) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Coronary Atherosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 420!

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **500^a** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 3	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 4/24/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/23/52	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. MULLEN UND. CO. 5165 DELMAR	
DATE REC'D BY LOCAL REG. APR 22 1952	REGISTRAR'S SIGNATURE [Signature]	

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

1-746

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

Ronald J. Yabuka

Licensed Embalmer No. *3917*

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.