

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29381**
Registrar's No. **8128**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8128		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2123				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 5329 Savoy Ct.				
3. NAME OF DECEASED (Type or Print) a. (First) Ursulo Juan b. (Middle) Dobal y c. (Last) de la Torre			4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1952					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 9, 1891		
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Consul Gen. of Cuba			10b. KIND OF BUSINESS OR INDUSTRY Diplomatic Service		11. BIRTHPLACE (State or foreign country) Havana, Cuba		12. CITIZEN OF WHAT COUNTRY? Cuba	
13a. FATHER'S NAME Ursulo J. Dobal			13b. MOTHER'S MAIDEN NAME Mercedes de la Torre			14. NAME OF HUSBAND OR WIFE Georgina Mendez de Dobal		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Georgina Mendez de Dobal ADDRESS 5329 Savoy				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medicinal Emphysema with air emboli to brain.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bullous emphysema DUE TO (c) Pulmonary fibrosis					6 hours	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 525X				
22. I hereby certify that I attended the deceased from Jan 11, 1949 , to Aug. 25, 1952 , that I last saw the deceased alive on Aug. 25, 1952 , and that death occurred at 9:15 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE Llewellyn Sale, Jr. (Degree or title) M.D.O.				23b. ADDRESS 4500 Olive ST		23c. DATE SIGNED 8/27/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-28-52		24c. NAME OF CEMETERY OR CREMATORY Cementerio Colon		24d. LOCATION (City, town, or county) (State) Havana, Cuba		
DATE REC'D BY LOCAL REG. AUG 27 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington Blvd.				

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

John J. Penney

Licensed Embalmer No. 4194

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.