

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3800

FILED FEB 11 1953

State File No.

BIRTH NO.

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **1056**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)											
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis			c. LENGTH OF STAY (In this place)			a. STATE Illinois			b. COUNTY Madison					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.			d. STREET ADDRESS (If rural, give location) Box 247											
3. NAME OF DECEASED (Type or Print)			a. (First) Elias			b. (Middle)			c. (Last) Vasques			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH May 21, 1890		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY G.M. & O Railroad				11. BIRTHPLACE (State or foreign country) Texas			12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Seberiana Vasques				13b. MOTHER'S MAIDEN NAME Manuela Torres				14. NAME OF HUSBAND OR WIFE None						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None			17. INFORMANT'S SIGNATURE OR NAME Jesse Vasques ADDRESS Mitchell Ill.								
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular Infection ANTECEDENT CAUSES Spine Bullous Pericarditis - Periphigias Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUST (c) II. OTHER SIGNIFICANT CONDITIONS Multiple Abscesses, Pulmonary 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 <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) (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 1-19 , 19 53 , to 1-28 , 19 53 , that I last saw the deceased alive on 1-27 , 19 53 , and that death occurred at 3 P m., from the causes and on the date stated above.														
23a. SIGNATURE (Degree of title) Frank Mercer M.D.						23b. ADDRESS 1755 S. Shovel			23c. DATE SIGNED 1-28-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE Jan. 28, '53			24c. NAME OF CEMETERY OR CREMATORY Calvary			24d. LOCATION (City, town, or county) (State) Edwardsville Illinois					
DATE REC'D BY LOCAL REG. JAN 29 1953			REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Frank Mercer ADDRESS Madison City Ill.								

E.P. (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 Charles E. Merce

Licensed Embalmer No. 2988

P. O. Address Granite City

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.