

FILED APR 29 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14207
State File No. 3450
Registrar's No.

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

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 township) OR St. Louis, Mo. TOWN		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital.		e. STREET ADDRESS (If rural, give location) 6618 Pennsylvania Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Manuel b. (Middle) B. c. (Last) Valdez	4. DATE OF DEATH (Month) (Day) (Year) April 14, 1954
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH august 15, 1914	9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemical Operator	10b. KIND OF BUSINESS OR INDUSTRY National Lead	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Gerald Valdez	13b. MOTHER'S MAIDEN NAME Mercedes Gonzelas	14. NAME OF HUSBAND OR WIFE Anna Valdez
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 488 10 6206	17. INFORMANT'S SIGNATURE OR NAME Anna Valdez ADDRESS 6618 Pennsylvania Av
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medicertic Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	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. Volvulus of Small Intestine			

19a. DATE OF OPERATION 4-13-54	19b. MAJOR FINDINGS OF OPERATION Volvulus of Small Intestine, Medicertic Thrombosis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 570.2
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?

22. I hereby certify that I attended the deceased from **4-8**, 19**54**, to **4-13**, 19**54**, that I last saw the deceased alive on **4-13**, 19**54**, and that death occurred at **9:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles A. Neater M.D.	23b. ADDRESS 5600 S. Compton	23c. DATE SIGNED 4-16-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 19,	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo
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DATE REC'D BY LOCAL REG. APR 17 1954	REGISTRAR'S SIGNATURE Paul Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE JOS. P. FENDLER JR ADDRESS 7128 MICHIGAN
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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.....
Signature of Student Embalmer

Signed.....
Clarence Kichow

Licensed Embalmer No. 309
P. O. Address 7128 Mead

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.