

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

4376

FILED MAY 25 1954

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS, MISSOURI</b>		c. CITY OR TOWN <b>St. Louis, Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 Days</b>		e. STREET ADDRESS (If rural, give location) <b>23 2611 Ann Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. LOUIS CITY HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b>	b. (Middle) <b>E.</b>	c. (Last) <b>VALDEZ</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 13 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 11, 1884</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Molder</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Stell Mill</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mexico</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>
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13a. FATHER'S NAME <b>Adolph Valdez</b>	13b. MOTHER'S MAIDEN NAME <b>Nika Escobar</b>	14. NAME OF HUSBAND OR WIFE <b>Clara</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>335-10-5022</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Francis Valdez, 3310 Oregon, St. Louis, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pericardium</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Dissecting aneurysm of aorta</b> DUE TO (c) <b>Generalized arteriosclerosis</b>		
	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) <b>451X</b>
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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?
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22. I hereby certify that I attended the deceased from **5-11-54**, 19**54**, to **5-13-54**, 19**54**, that I last saw the deceased alive on **5-13-54**, 19**54**, and that death occurred at **12:25P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert J. Owen, M.D.</b>	(Degree or title)	23b. ADDRESS <b>1515 Lafayette Avenue</b>	23c. DATE SIGNED <b>5-13-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>5-17-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lakewood Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>MAY 17 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McLAUGHLIN Funeral Home, Inc.</b>	ADDRESS <b>2301 Lafayette, St. Louis 4, Mo.</b>
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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 *James R. Chapman*.....  
Licensed Embalmer No..... 45

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