

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31606

State File No.

BIRTH NO. 64334-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1008 Registrar's No. 8092

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location). <u>24 3837 So. Main St. 227 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Memorial Hosp.</u>			
3. NAME OF DECEASED (Type or Print) <u>Josephine</u>		a. (First)	b. (Middle)
		c. (Last) <u>Arguello</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>9-1-54</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>Sept 1, 1954</u>		9. AGE (In years last birthday)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>Missouri USA</u>	
13a. FATHER'S NAME <u>Joseph Manuel Arguello</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Mary Lopez</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph M. Arguello</u>	
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.		19. ADDRESS <u>3837 So. Main St.</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation on Maternal blood</u>		INTERVAL BETWEEN ONSET AND DEATH <u>19 minutes</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Maternal blood</u>			
DUE TO (c) <u>Infarction of Placental</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION			
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? <u>7730</u>			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1954</u> , to _____, 19____, that I last saw the deceased alive on <u>Sept 1, 1954</u> , and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Leroy E. Ellison M.D.</u>		23b. ADDRESS <u>3610 So Broadway St. Louis Mo</u>	
23c. DATE SIGNED <u>Sept 1, 1954</u>			
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>None</u>		24b. DATE <u>9-2-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>SEP 2 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. ...</u>		ADDRESS <u>2501 ... St. Louis 4, Missouri</u>	

S.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 ^{NOT} embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James R. Chapman
Licensed Embalmer No. 4550

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.