No. 300
10-48

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43959

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11367

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY

c. CITY OR TOWN ST. LOUIS

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal 2139 0

3. NAME OF DECEASED (Type or Print)
a. (First) EMMA
b. (Middle) MANUELA
c. (Last) RODRIGUES

4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 12, 1954

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

8. DATE OF BIRTH 2 APR. 27 1870

9. AGE (In years last birthday) 84 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) SPAIN 5

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME LORENZO FERNANDEZ

13b. MOTHER'S MAIDEN NAME MARY GALAN

14. NAME OF HUSBAND OR WIFE MANUEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME CAROLINE LECHNER — ADDRESS 4222 MANCHESTER

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mediastinal Tumor, Type

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown with resultant
DUE TO (c) Starvation and Acidosis.

II. OTHER SIGNIFICANT CONDITIONS
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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 231 X

22. *I hereby certify that I attended the deceased from* 11-30-54, 19__, *to* 12-12-54, 19__, *that I last saw the deceased alive on* 12-12-54, 19__, *and that death occurred at* 12:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Hugh M. Mestres M.D.

23b. ADDRESS 1515 Lafayette Avenue

23c. DATE SIGNED 12-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

24b. DATE 12-15-1954

24c. NAME OF CEMETERY OR CREMATORY MT. HOPE

24d. LOCATION (City, town, or county) ST. LOUIS Co (State) Mo

DATE REC'D BY LOCAL REG. DEC 14 1954

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. FENDLER JR — ADDRESS 7128 MICHIGAN.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence Kochon

Licensed Embalmer No. 309

P. O. Address 7128 Mic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.