

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2274
Registrar's No. 1011

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

1. PLACE OF DEATH a. COUNTY 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY 2019	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMAN DESLOGE		c. CITY OR TOWN ST. LOUIS	
		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 6818 VIRGINIA	

3. NAME OF DECEASED (Type or Print) a. (First) OLIVIA b. (Middle) ALONZO c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) FEB. 1 1955		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB. 8 1899		9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) SPAIN 5	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME JOS. RODRIGUEZ		13b. MOTHER'S MAIDEN NAME DELORES GARCIA	
14. NAME OF HUSBAND OR WIFE FLORENTINO		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. NO	
17. INFORMANT'S SIGNATURE OR NAME ARMOND ALONZO		18. ADDRESS 9514 CLYDE			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*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></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism of Pulmonary Artery Instantaneous				Instantaneous	
		ANTECEDENT CAUSES					
		DUE TO (b) Leiomyosarcoma of Peritoneum				4 years	
		DUE TO (c) Hypertensive Cardiovascular Disease				7 Years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 197X	

22. I hereby certify that I attended the deceased from April 11, 1947, to February 1, 1955, that I last saw the deceased alive on February 1, 1955, and that death occurred at 11:45A m., from the causes and on the date stated above.

23a. SIGNATURE J. O. Brown, M.D.		(Degree or title)		23b. ADDRESS 1325 South Grand Blvd.		23c. DATE SIGNED 2/3/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2-4-55		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO	

DATE REC'D BY LOCAL REG. FEB 3 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JOS. P. FENDLER, JR. 7128 MICHIGAN.	
-------------------------------------	--	---	--	--	--

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 *Clement Kichow*.....

Licensed Embalmer No. *3094*
P. O. Address *7178 Mich*.....

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.