

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 15 1955

State File No. **23759**
Registrar's No. **6578**

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 Missouri b. COUNTY 2019	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 0		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 6923 Pennsylvania Ave.	

3. NAME OF DECEASED (Type or Print) EVELINA	a. (First)	b. (Middle)	c. (Last) GARCIA	4. DATE OF DEATH JULY 28 1955
--	------------	-------------	-------------------------	--------------------------------------

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Dec. 12, 1888	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
----------------------	-------------------------------	---	---------------------------------------	---	------------------------	-----------------------	-------	------

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 6	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	---

13a. FATHER'S NAME Joseph Alvarez	13b. MOTHER'S MAIDEN NAME Rose Lopez	14. NAME OF HUSBAND OR WIFE Francesco
--	---	--

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. 500-26-0891	17. INFORMANT'S SIGNATURE OR NAME Joe Garcia ADDRESS 6923 Pennsylvania
--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart disease of unknown etiology		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) _____		
	41. 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 4343	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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **6-8-55**, 19____, to **7-28-55**, 19____, that I last saw the deceased alive on **7-28-55**, 19____, and that death occurred at **12:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Joe Garcia MD (Degree or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 7-29-55
---	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 8-1-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. JUL 30 1955	REGISTRAR'S SIGNATURE J. Cash Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jose P. Fendler Jr. 7128 Michigan Ave.
---	---	--

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 K. Schou

Licensed Embalmer No. *387*

P. O. Address *7128 M*

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