

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7050**  
Registrar's No. **810**

FILED FEB 17 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>810</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros.</b>				e. STREET ADDRESS (If rural, give location) <b>178 N. Koeln</b>				20190	
3. NAME OF DECEASED (Type or Print) <b>MANUEL</b>			a. (First)		b. (Middle)		c. (Last) <b>PEREZ</b>		
4. DATE OF DEATH <b>Jan. 21 1956</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>July 20 1883</b>		9. AGE (In years last birthday) <b>72</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Ret. Janitor</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTH PLACE (City and State or Foreign Country) <b>Spain</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>			13a. FATHER'S NAME <b>Jos Perez</b>		13b. MOTHER'S MAIDEN NAME <b>Manuela Salan</b>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>329-10-6185</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Frank Perez</b>				ADDRESS <b>178 N Koeln</b>	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Primary Stomach</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Anteriorly known</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>  <b>10 yrs</b>	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>6/20</b> , 1954, to <b>1/21</b> , 1956, that I last saw the deceased alive on <b>1/28</b> , 1956, and that death occurred at <b>10:25 A.M.</b> , from the causes and on the date stated above.				21f. HOW DID INJURY OCCUR? _____		21g. _____			
23a. SIGNATURE <b>Michael L. Barneil</b>			23b. ADDRESS <b>7615 So Broadway</b>		23c. DATE SIGNED <b>1/23/56</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jan/24/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Co. MO.</b>			
DATE REC'D BY LOCAL REG. <b>JAN 24 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>JOS. P. FENDLER JR.</b> ADDRESS <b>7128 MICHIGAN</b>					

**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 Kuchow*

Licensed Embalmer No. *309*

P. O. Address *7128 Mu*

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.