

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18546
State File No. 4280
Registrar's No.

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	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 <i>7028 Virginia</i>		e. STREET ADDRESS (If rural, give location) <i>7028 Virginia 20190</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Jesus</i> b. (Middle) <i>Rodriguez</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>Apr 29 1956</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct 26 1874</i>
9. AGE (In years last birthday) <i>84</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret.</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Spain</i>
10b. KIND OF BUSINESS OR INDUSTRY <i>Laborer</i>		12. CITIZEN OF WHAT COUNTRY? <i>Spain</i>	
13a. FATHER'S NAME <i>MNK</i>		13b. MOTHER'S MAIDEN NAME <i>MNK</i>	14. NAME OF HUSBAND OR WIFE <i>Jesus</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Hope (daughter) 7028 Virginia</i>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Failure</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Cardiovas. Dis.</i> DUE TO (c) <i>Generalized Arteriosclerosis</i> II. 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 <i>422.1</i>	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)	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 <i>4/17</i> , 1956, to <i>4/29</i> , 1956, that I last saw the deceased alive on <i>4/29</i> , 1956, and that death occurred at <i>2:00</i> A. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>John B. Summers, M.D.</i>		23b. ADDRESS <i>2264 So. Compton</i>	23c. DATE SIGNED <i>5/1/56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>5/2/56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope</i>	24d. LOCATION (City, town, or county) (State) <i>St Louis Co Mo</i>
DATE REC'D BY LOCAL REG. <i>MAY 1 1956</i>	REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. <i>JOS. P. FENDLER JR. 7128 MICHIGAN</i>	

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 *Clemente Kochow*

Licensed Embalmer No. *309*

P. O. Address *7128 Mc*

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.

PLACED IN THE ...