

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26156

STATE FILE NUMBER 6286

FILED AUG 1 - 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give-TOWNSHIP only) - Inside Limits OR TOWN St. Louis Yes <input type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN Jennings Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE D.O.A. Christian Hosp. Length of stay in lb 38				d. STREET ADDRESS (If outside, give location) 5445 Hodiament Ave. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MARY Middle ELLEN Last GUEVARA				4. DATE OF DEATH Month July Day 4 Year 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 20, 1914	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR IF UNDER 24 HRS.		
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months	Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Montgomery, Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Alpheus P. Anderson				14. MOTHER'S MAIDEN NAME Ellen E. Anderson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mr. Rufino Guevara 5445 Hodiament		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hemorrhage; Internal Hemorrhage; Fractured Ribs; DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. Injured when struck by car operated by one Catherine Barbera in the vicinity of Hodiament and Penna Ave., about 12:30 pm July 4, 1957.						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) Barbera in the vicinity of Hodiament and Penna Ave., about 12:30 pm July 4, 1957.				19. WAS AN AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Hour 12:50 p. m. Month 7 Day 4 Year 57			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 5445 Street		
			20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY MO STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 12:55 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) Patricia E. Taylor Coroner				22b. ADDRESS 1300 Clark		22c. DATE SIGNED JUL 8 - 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/8/57	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) St. Louis County, Mo. (Site)		
24. FUNERAL DIRECTOR ADDRESS JOHN STYGAR & SON 5541 Riverview			25. DATE RECD. BY LOCAL REG. JUL 8 57		26. REGISTRAR'S SIGNATURE Carl Smith MD		

sm & 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.....
J. W. Rustie

Licensed Embalmer No. 390

P. O. Address *St. Louis*

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