

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033961

STATE FILE NUMBER

9521

FILED OCT 10 1958

318

1003

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

Health, Welfare Public Service 6202

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 <i>Mo</i> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Alexian Bros</i>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>6818 Virginia</i>	
3. NAME OF DECEASED (Type or print) First <i>FLORENTINO</i> Middle <i>Y.</i> Last <i>ALONZO</i>			4. DATE OF DEATH Month <i>Oct.</i> Day <i>7</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 21 1897</i>	9. AGE (In years last birthday) <i>61</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Zinc Worker</i>	11. BIRTHPLACE (City and state or country) <i>Spain</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <i>MARGARET LAUBERT 6818 Virginia</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac De-compensation</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Cardi-pulmonale</i> DUE TO (c) <i>Chronic asthma and bronchitis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>1 mo</i> <i>2 yrs</i> <i>5 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
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.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <i>1954</i> to <i>Oct 7 1958</i> and last saw him <i>her</i> alive on <i>Sept. 20 '58</i> Death occurred at <i>7:45 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Richard Honer MD</i>			22b. ADDRESS <i>3720 Washington</i>		22c. DATE SIGNED <i>Oct 58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>10/6/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Hope</i>		23d. LOCATION (City, town, or county) (Specify) <i>St. Louis Co. Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>JOS. P. FENDLER JR. 7128 MICHIGAN</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 6 '58</i>		26. REGISTRAR'S SIGNATURE <i>Charles Smith MD</i>	

(Licensed Embalmer's Statement on Reverse Side)

mfb

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 *Harvey Kahle*.....

Licensed Embalmer No. 45.....

P. O. Address *Flussa*.....

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.