

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10344-61-038379** STATE FILE NUMBER

FILED NOV 15 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

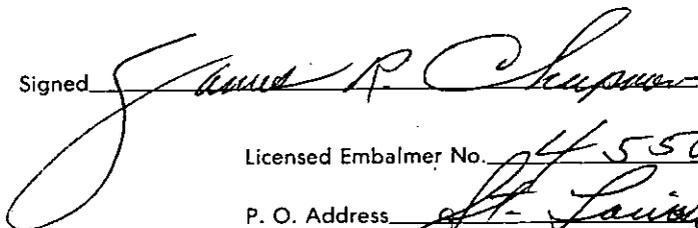
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 50 Yrs.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 823a Allen
3. NAME OF DECEASED (Type or print) First Middle Last PANFILO CANO			4. DATE OF DEATH Month Day Year Nov. 4, 1961
5. SEX Male	6. COLOR OR RACE Mexican	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/1/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 71
11. BIRTHPLACE (City and state or country) Mexico		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Gregorio Cano		13b. MOTHER'S MAIDEN NAME Vicenta Rodriguez	
14. NAME OF HUSBAND OR WIFE		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. Yes(Unk)		17. INFORMANT Adela Cano, 904 Geyer, St. Louis, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2nd & 3rd Degree Burns of 90% of body; suffered in fire in home at 823A Allen Ave., about 6:45 AM, Nov 4, 1961. DUE TO (b) Accident DUE TO (c) 916.0-16			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) See above	
20c. TIME OF INJURY Hour 6:45 a.m. p.m. Month, Day, Year 11-4-61		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 23 Home		20f. CITY, TOWN, OR LOCATION St. Louis, Mo	
21. I attended the deceased from 3:45 P. to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul J. Senior (Degree Title) Deputy Coroner		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 11/7/61		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 11-8-61		23c. NAME OF CEMETERY OR CREMATORY Mt. Olive	
23d. LOCATION (City, town, or county) St. Louis Co., Mo		24. FUNERAL DIRECTOR McLaughlin, 2301 Lafayette, St. Louis Missouri	
25. DATE RECD. BY LOCAL REG. NOV 7 1961		26. REGISTRAR'S SIGNATURE Paul Smith M.D.	

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


Licensed Embalmer No. 4550
P. O. Address St. Louis

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.