

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10173**

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, MO** Length of stay in 1b

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LOUIS CIT y hosp. #1** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **2705 So. Jefferson** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
FRANK SANTOYO **OCT. 30, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **6/16/1888** 9. AGE (last birthday) **73** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shoe repair** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Old Mexico** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **Alvino Barragen Santoyo** 13b. MOTHER'S MAIDEN NAME **Emilicana Rivera de Santoyo** 14. NAME OF HUSBAND OR WIFE **Unknown**

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. 17. INFORMANT **Charles Santoyo, Farmington, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **ACUTE MYOCARDIAL INFARCTION**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) **420.1**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Pulmonary emboli**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **10/14/61**, to **10/30/61** and last saw her/him alive on **10/30/61**
Death occurred at **3A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. E. Smith M.D.** 22b. ADDRESS **1515 LAFAYETTE AVE** 22c. DATE SIGNED **10/30/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **11-2-61** 23c. NAME OF CEMETERY OR CREMATORY **New Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **Farmington, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Miller Funeral Home, Farmington, Mo.** 25. DATE RECD. BY LOCAL REG. **NOV 1 1961** 26. REGISTRAR'S SIGNATURE **Roan Smith, M.D.**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 John J. Haines
Licensed Embalmer No. 4108

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.