8.30A

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032468

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8256

FILED SEP 4 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DePaul — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: St. Clair

c. CITY OR TOWN: Cahokia — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 1119 St. Bartholomew Dr — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Frederick Middle Lee Last Garza

4. DATE OF DEATH: Month Aug. Day 23, Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/17/1952

9. AGE (last birthday): 10 — 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): at school

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): East St. Louis, Ill

12. CITIZEN OF WHAT COUNTRY: U.S.A

13a. FATHER'S NAME: Jose Garza

13b. MOTHER'S MAIDEN NAME: Elizabeth Lehman

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.: none

17. INFORMANT: Jose Garza — Address: Cahokia, Ill

MEDICAL CERTIFICATION

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

IMMEDIATE CAUSE (a): Generalized hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Thrombocytopenia

DUE TO (c): Myelogenous leukemia — 2½ yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 2041

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 1960, to 8-23-62 and last saw her/him alive on 8-23-62

Death occurred at 3:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Donald L. Oetter MD

22b. ADDRESS: 730 Hodiamont

22c. DATE SIGNED: 8/24/1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 25, 1962

23c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel

23d. LOCATION (City, town, or county) (State): Belleville, Ill

24. FUNERAL DIRECTOR: Chas. M. Burke — ADDRESS: Chas. M. Burke, East St. Louis, Ill

25. DATE RECD. BY LOCAL REG.: AUG 24 1962

26. REGISTRAR'S SIGNATURE: Carl 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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.