

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35730

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis 5736 Westminster Place St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 10525  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Henry R. Menefee  
 (a) Residence. No. 5736 Westminster St. Ward. 5  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estelle T. Menefee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29<sup>th</sup> 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 9 24

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Vice President  
 (b) General nature of industry business, or establishment in which employed (or employer) Mop Brothers Mfg. Co.  
 (c) Name of employer Richmond Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER Barrison J. Menefee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) do not know

14. INFORMANT E. T. Menefee  
 (Address) 5736 Westminster

15. FILED OCT 26 1929 Max C. Storkley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-23- 1929

17. I HEREBY CERTIFY, That I attended deceased from several years, 19....., to....., 19....., that I last saw him alive on 10-23-, 1929, and that death occurred, on the date stated above, at about 12 m. of day

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Angina Pectoris  
944  
 (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. B. Bassett M. D.  
10/25, 1929 (Address) 4500 Olive St. City

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Valhalla Cemetery 10-26-1929

20. UNDERTAKER ADDRESS  
Mayover 3621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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