S. No. 2
—1-4-41
5-17-39
PI X25390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16393

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3911

1. PLACE OF DEATH:

(a) County

(b) City or town ST Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST Marys Infirmary. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community 21 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town ST Louis (If outside city or town limits, write "RURAL")

(d) Street No. 2100 Chestnut St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Dan Lee Menzie

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband ~~or wife~~ Albert

6. (c) Age of husband or ~~wife~~ if alive 70 years

7. Birth date of deceased 1 (Month) 4 (Day) 1870 (Year)

8. AGE: Years 70 Months 4 Days 2 If less than one day hr. min.

9. Birthplace UNKNOWN / TENN (City, town, or county) (State or foreign country)

10. Usual occupation House work.

11. Industry or business

FATHER
12. Name Wallace Harris
13. Birthplace UNKNOWN / TENN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant Lydia Jones
(b) Address 2100 Chestnut

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-12-41 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Greenwood

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington

19. (a) MAY 8 1941 (Date received local registrar) J. Brunk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day 6th year 41 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from 5-3-41 to 5-6- 1941 that I last saw her alive on 5-6-41 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Rt. cerebral Hemorrhage

Due to c/ Left Hemiplegia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. S. Jaw (M. D. or other) M.D.

Address 1536 Papin Date signed 5-8-41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed William Blackburn

Licensed Embalmer No. 3962

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.