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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23379

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5731

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St Luke's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 days (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED: 035 3 1

(a) State Missouri (b) County Dunklin

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

(d) Street No. NR (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Napoleon Boneparte Menard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race wh

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

6. (b) Name of husband or wife Harriett H. Menard

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased October 29, 1890 (Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation freight agent

11. Industry or business Railway

FATHER
12. Name Napoleon B. Menard
13. Birthplace Arkansas (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Harriett Menard

(b) Address Malden, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-7-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Malden Cemetery

18. (a) Signature of funeral director Jernigan Funeral Home

(b) Address Malden Mo.

19. (a) JUL 11 1941 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1941 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1st, 1941, to July 5th, 1941; that I last saw him alive on July 5th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death hypernephroma lt. kidney with metastases to liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy large retrofeitoneal neoplasm extending into pelvis

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 G. P. Kallenbach (M. D. or other) D

Address 5535 Delmar, St Louis Mo Date signed 7-5-41

(Licensed Embalmer's Statement on Reverse Side)

AUG 13 1941

AUG 14 1941

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Piggott Ark.

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

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