V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

FILED OCT 6 1942

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28999

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7913

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

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. ANTHONY'S HOSP.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO. (b) County 17

(c) City or town ST. LOUIS. 16 9
(If outside city or town limits, write "RURAL")

(d) Street No. ST. ANTHONY'S HOSP.
(If rural, give location)

3401 Potomac

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

If yes, name country 0

3. (a) PRINT FULL NAME INFANT MENENDEZ

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPTEMBER 21, 1942
(Month) (Day) (Year)

8. AGE: Years | Months | Days 1 | If less than one day 9 hr. min.

9. Birthplace ST. LOUIS, MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business "

FATHER
12. Name FRED J. MENENDEZ
13. Birthplace INDIANA 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name RUTH SCHERER
15. Birthplace ST. LOUIS, MO. 0
(City, town, or county) (State or foreign country)

16. (a) Informant MR. FRED MENENDEZ
(b) Address 3108 POTOMAC

17. (a) BURIAL (b) Date thereof 9-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL'S CHURCHYD.

18. (a) Signature of funeral director SOUTHERN FUN. HOME
(b) Address 6322 S. GRAND BLVD

19. (a) SEP 23 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 22
year 1942 hour minute 4:35P M.

21. I hereby certify that I attended the deceased from Sept. 21 1942 to Sept 22, 1942
that I last saw her alive on Sept 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Premature 7 mos

Due to Dont know

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 0

23. Signature Joseph Davie (M. D. or other)

Address 313 N 9th St Date signed 9-23-42

(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.....Virgil L. Berryman

Licensed Embalmer No.....7018

P. O. Address.....St. Louis, Mo.

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