V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32012

State File No. 7599

FILED SEP 16 1946

1003

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6935 Alabama
(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:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6935 Alabama
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Raymond Menendez

3. (b) If veteran, name war

3. (c) Social Security No. 488-05-1474

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Julia

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased November (Month) 16 (Day) ~~1903~~ (Year)

8. AGE: Years ~~53~~ 51 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation Hat inspector

11. Industry or business

MOTHER FATHER

12. Name Joseph Menendez

13. Birthplace (City, town, or county) Spain (State or foreign country)

14. Maiden name Manuela Gutierrer

15. Birthplace (City, town, or county) Spain (State or foreign country)

16. (a) Informant Mrs. Julia Menendez

(b) Address 6935 Alabama

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 6935 Alabama

19. (a) SEP 3 1946 (Date received local registrar) (b) J. F. Bresecck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 1 year 1946 hour 1.48 minute A. M.

21. I hereby certify that I attended the deceased from May 10 — 1946 to Sept. 1 — 1946, that I last saw him alive on 8-21-46 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor undergoing abscess formation

Due to Unqualified

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration 4 mos +

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 C W Gardner (M. D. or other)

Address 15 Ox Do. Grand Date signed 9/2/46

(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 George N. Archambault, Registered Apprentice No. XXXXX, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan Ave

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.