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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43318

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11432

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

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:
DePaul Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Joseph Menendez
 3. (b) If veteran, name war No
 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Soledad Menendez
 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased December 27th, 1889
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>58</u> | <u>11</u> | <u>17</u> | hr. min. |

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

10. Usual occupation Manager
Kram Fish Market

11. Industry or business _____
 12. Name Marcilino Menendez
 13. Birthplace Unknown Spain
 (City, town, or county) (State or foreign country)
 14. Maiden name Vicenta Alvarez
 15. Birthplace Unknown Spain
 (City, town, or county) (State or foreign country)

16. (a) Informant Soledad Menendez
 (b) Address Fairmont City, Illinois

17. (a) Removal (b) Date thereof Dec. 14, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director John J. Grady
 (b) Address East St. Louis, Illinois

19. (a) DEC 15 1947 (Registrar's signature) J. F. Brudick
 (Data received local registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County St. Clair
 (c) City or town Fairmont City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4019 Locust
 (If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country France

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 14th
 year 1947 hour 5:00 minute 55 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage
Brain injury
 Due to Some Cause and Mechanism
of some could not be determined
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all of 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, or farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Patrick E. J. ... (M.D. or other) _____
 Address _____ Date signed 12/14/47

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

John J. Dooley

Licensed Embalmer No. *6855*

P. O. Address *East St. Louis*

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.