

S. No. 3006
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED APR 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14497**
Registrar's No. **3513**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis Hospital
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days) 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis **96**
(c) City or town Wellston **0**
(If outside city or town limits, write "RURAL")
(d) Street No. 6303 Chatham Ave. **0**
N.R. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Eugene Gregory Medina
3. (b) If veteran, name war..... 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 Teresa Pearl Medina 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased June 4th 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 10 6 hr. min.

9. Birthplace Dont know. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation V.P. Milk Drivers Union

11. Industry or business.....

12. Name Henry Medina

13. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Ravencraft
Dont know

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

16. (a) Informant Teresa P. Medina

(b) Address 6303 Chatham Ave

17. (a) Burial (b) Date thereof 4-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Luskell Blvd

19. (a) APR 12 1948 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10th
year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 16
1948, to April 10, 1948,
that I last saw him live on April 10, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death
myocardial failure **12 hrs**
Labial pneumonia **2 days**
Due to Carcinoma right **2 Mon**
lungs

Due to.....
Other conditions Ch. Bronchitis **5 yrs**
(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, 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?

While at work?..... (Specify type of place) (e) Means of injury.....
23. Signature J. F. Bredet (M. D. or other) **MD**
Address 4952 Mary Jean Date signed 4/12/48

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

0
17
9

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Luudell

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.