

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003862

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1229** STATE FILE NUMBER

VS. 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

<p>FILED FEB 8 1963</p> <p>1. PLACE OF DEATH a. COUNTY</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Mo. b. COUNTY St. Louis</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri</p>		<p>Length of stay in 1b 6 1/2 Months</p>	
<p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital</p>		<p>d. STREET ADDRESS (If outside, give location) 1343 Liggett Avenue.</p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last Lola R. Menown</p>		<p>4. DATE OF DEATH Month Day Year February 2, 1963</p>	
<p>5. SEX Female</p>		<p>6. COLOR OR RACE White</p>	
<p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH 1-21-1908</p>	
<p>9. AGE (last birthday) 55</p>		<p>IF UNDER 1 YEAR IF UNDER 24 HR. Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Dr. Krukenkamp</p>	
<p>11. BIRTHPLACE (City and state or country) St. Louis, Mo.</p>		<p>12. CITIZEN OF WHAT COUNTRY U.S.A.</p>	
<p>13a. FATHER'S NAME Dr. Roland R. Menown</p>		<p>13b. MOTHER'S MAIDEN NAME Nell Hulse</p>	
<p>14. NAME OF HUSBAND OR WIFE Single</p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No</p>	
<p>16. SOCIAL SECURITY NO. [Redacted]</p>		<p>17. INFORMANT Address Mrs Dorothy Weeks, 1343 Liggett Avenue</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Splenic Myeloma</p>		<p>INTERVAL BETWEEN ONSET AND DEATH one year</p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 203x</p>		<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>		<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	
<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour .a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from July 1962 to February 1963 and last saw him alive on February 2, 1963 Death occurred at 318 Pm on the date stated above, and to the best of my knowledge, from the causes stated.</p>		<p>22a. SIGNATURE (Degree or title) Robert M. Launch, M.D.</p>	
<p>22b. ADDRESS 52 Maryland Plaza</p>		<p>22c. DATE SIGNED 5 Feb 1963</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>		<p>23b. DATE 2-6-1963</p>	
<p>23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery</p>		<p>23d. LOCATION (City, town, or county) (State) St. Louis, County Missouri</p>	
<p>24. FUNERAL DIRECTOR ADDRESS Math. Hermann & Son Inc. 2161 E. Fair Ave.</p>		<p>25. DATE RECD. BY LOCAL REG. FEB 5 1963</p>	
<p>26. REGISTRAR'S SIGNATURE Loan Smith, M.D.</p>		<p>26. REGISTRAR'S SIGNATURE</p>	

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. G. & Burnley

Licensed Embalmer No. 4202

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.