

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

U.M. KNIGHT

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1073-63-011279

FILED APR 11 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Charles</u>	
b. CITY (If in corporate limits, give TOWNSHIP only) <u>Richmond Heights Clayton</u>		Length of stay in lb <u>2 1/2 Hrs.</u>	c. CITY OR TOWN <u>St. Charles</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>314 S. Sue Dr.</u>
3. NAME OF DECEASED (Type or print) First <u>Doris</u> Middle <u>K.</u> Last <u>McMenamy</u>			4. DATE OF DEATH Month <u>Mar.</u> Day <u>26</u> Year <u>1963</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 10, 1918</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE (last birthday) <u>45</u>
13a. FATHER'S NAME <u>Walter Black</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Schellenhamer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> <u>Arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		11. BIRTHPLACE (City and state or country) <u>St. Charles, Mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		14. NAME OF HUSBAND OR WIFE <u>Norman McMenamy</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		17. INFORMANT <u>Norman McMenamy</u> Address <u>St. Charles, Mo.</u>	
20c. TIME OF INJURY Hour <u> </u> a.m. / p.m. Month, Day, Year <u> </u>		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	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>St. Charles</u> COUNTY <u> </u> STATE <u> </u>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21. I attended the deceased from <u>August, 1958</u> to <u>March 26, 1963</u> and last saw her <u>live</u> on <u>2/18/63</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>John M. McMenamy MD</u> (Degree or title)		22c. DATE SIGNED <u>3/29/63</u>	
22b. ADDRESS <u>4161 Lindell, St. Louis 8, Mo.</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>Mar. 30, 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	
23d. LOCATION (City, town, or county) <u>St. Charles, Mo.</u> (State)		24. FUNERAL DIRECTOR <u>H.C. Dallmeyer & Sons, St. Charles, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>3-29-63</u>		26. REGISTRAR'S SIGNATURE <u>John B. Murphy MD</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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 Charles J. Nocke

Licensed Embalmer No. 4530

P. O. Address St. Charles, 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.