MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38552

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11232

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. St Marys Infirmary St. ..... Ward)

2. FULL NAME Evaristo Menendez

(a) Residence. No. 120 Tuney St St., 1 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isabel Menendez

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Ap. 13 - 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	40	8	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hat Factory

(b) General nature of industry, business, or establishment in which employed (or employer) Labor

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) S Jain

PARENTS

10. NAME OF FATHER Manuel Menendez

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) S Jain

12. MAIDEN NAME OF MOTHER Mary Fernandez

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) S Jain

14. INFORMANT Isabel Menendez
(Address) 120 Tuney St

15. FILED 16 1927, 19 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 14th, 1927, to Dec 14, 1927 that I last saw him alive on Dec 14, 1927, and that death occurred, on the date stated above, at 7 35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Endocarditis &
Acute Peritonitis
117A
129
91A
(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY (SECONDARY) Perforated Gastric Ulcer
(duration) ..... yrs. ..... mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1

DID AN OPERATION PRECEDE DEATH? yes DATE OF 12/14/27

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? P.M.

(Signed) H. H. Mulach, M. D

, 19 (Address) 7405 Mich Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Hope

DATE OF BURIAL 12-17 1927

20. UNDERTAKER Southern

ADDRESS 7315 S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.