

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

Do not use this space.

10994

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. St. Johns Hosp.)

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 3072  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. John McMenamy  
(Usual place of abode) Upper Ladue Rd. 12 Ward. St. Louis Co. Mo.  
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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26<sup>th</sup> 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Angela O'Neil

17. I HEREBY CERTIFY, That I attended deceased from March 26 at 8:30 am, 1932, to March 26 - 10:30 am, 1932, that I last saw him alive on March 26, 1932, and that death occurred, on the date stated above, at 10 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28<sup>th</sup> 1856

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 4 28

Cerebral Hemorrhage

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Real Estate 82, 97  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

CONTRIBUTORY Arteriosclerosis (SECONDARY) (duration) 6 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH St. John's Hospital

PARENTS  
10. NAME OF FATHER Bernard McMenamy  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland 13  
12. MAIDEN NAME OF MOTHER Mary Bowles  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) John McMenamy, M. D.  
3/28 1932 (Address) 811 Metropolitan Bldg

\*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.

14. INFORMANT Malcom McMenamy (Address) Upper Ladue Rd.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL March 30 1932

15. FILED 1932 19 REGISTRAR

20. UNDERTAKER Mullen and Co ADDRESS 5765 Delmar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

