

APR 24 1936

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

12136

File No. _____
Registered No. 63
St. _____ Ward _____

1. PLACE OF DEATH

County St CharlesRegistration District No. 757

Township _____

Primary Registration District No. 3036City St Charles(No. St Joseph Hospital)

2. FULL NAME

Patrick M. Menamy(a) Residence, No. Orleans R 3 St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

about 1922

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.14

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.School boy9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year).....11. Total time (years)
spent in this
occupation.....12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)don't know

FATHER

13. NAME

John M. Menamy14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St Charles Co
Mo

MOTHER

15. MAIDEN NAME

do not know16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)do not know17. INFORMANT
(ADDRESS)Mrs. J. F. Sigmond
St Paul Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Paul, Mo. DATE 3/27 193619. UNDERTAKER
(ADDRESS)Ed Keithly
Orleans Mo

20. FILED

4/7/36 19 Clarence H. Weeber
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 193622. I HEREBY CERTIFY, That I attended deceased from
Feb. 10 1936, to March 24 1936I last saw him alive on March 24 1936 Death is said
to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Bmpyema following
Bilateral Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation Rob. Resection Date of 2/12/36What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. M. [Signature](Address) St. Charles, Mo.

M. D.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

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