

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.

NOV 15 1937

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

Do not use this space.

35705

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **Firmin-Desloge Hospital** St. **9282** Ward)

2. FULL NAME

Harry Menard
(a) Residence, No. **NR** St. **St. Marys** Ward. **Mo.**
(Usual place of abode)
Length of residence in city or town where death occurred yrs. **1** mos. **23** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
About 47

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **common**

10. Date deceased last worked at this occupation (month and year) **July, 1937** 11. Total time (years) spent in this occupation **abt. 50**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME (Unknown) **Menard**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Leo Basler** (ADDRESS) **Ste Genevieve, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Ste Genevieve, Mo.** DATE **October 3** 19

19. UNDERTAKER **Albert H. Hoppe Inc.,** (ADDRESS) **429 N. Euclid Avenue**

20. FILED **OCT 4 1937** **J. T. Bredbeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/30**, 1937

22. I HEREBY CERTIFY, That I attended deceased from **6/9**, 1937, to **9/30**, 1937.

I last saw h. i. m. alive on **Sept 30**, 1937. Death is said to have occurred on the date stated above, at **7:45 a.m.**

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

Carcinoma of stomach Date of onset **1937**

Metastasis to peritoneal cavity

Other contributory causes of importance:

Generalized metastasis to peritoneal cavity

Name of operation **none** Date of

What test confirmed diagnosis? **X-ray** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **no** 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) **P. H. Basler**, M. D.

(Address) **Firmin-Desloge Hospital**

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