

JAN 24 1938

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

46690
Do not use this space.

9

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789

(b) Township Central Primary Registration District No. 6033 Registered No. 360

(c) City St. Vincent Orphanage (d) Street No. St. Vincent Orphanage St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Jean Rita Mendica

(a) Residence, No. St. Vincent Orphanage St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Oct. 20 1929

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

8	2	4	
---	---	---	--

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as 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) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME Edwin Mendica

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Irene Blumer

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

17. INFORMANT Irene Mendica (ADDRESS) 3728 Winnebago

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE Dec. 27 1937

19. FUNERAL DIRECTOR Wm. Schumacher (ADDRESS) 3013 Meramec St.

20. FILED 12-27-37 1937 Ed. Buchner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937, to Dec. 24, 1937
I last saw her alive on December 24, 1937. Death is said to have occurred on the date stated above, at 1:15 P.M.
The principal cause of death and related causes of importance were as follows:
Bronchitis Pneumonia Date of onset 12/21/37

Other contributory causes of importance: measles 12/20/37

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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) Charles H. Gulmann M. D.
(Address) 5183 Cabanne Ave.

Every necessary precaution 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.

STATEMENT BY LICENSED EMBALMER

I, Fred Wettig, Licensed Embalmer No. 1534

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Fred Wettig

Licensed Embalmer No. 1534

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.)