

BUREAU OF THE CENSUS  
FILED AUG 25 1940  
791

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Central Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days) 5 35

3. (a) PRINT FULL NAME Dr. Lawrence Alvies Mendonsa

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Elsa Mendonsa 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 11 7 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 7 10 hr. \_\_\_\_\_ min.

9. Birthplace Springfield Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business Self

12. Name Manual Mendonsa

18. Birthplace Madeira Islands  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Alvies

15. Birthplace Madeira Islands  
(City, town, or county) (State or foreign country)

16. (a) Informant Elsa Mendonsa

(b) Address 504 N. Central

17. (a) Burial (b) Date thereof July 20, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Paul E. Prasad

(b) Address 3710 N. Grand Blvd.

19. (a) JUL 18 1940 (b) J. F. Kredetz  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. LOUIS  
(c) City or town St. Louis UNIVERSITY CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 504 N. Central N.R.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 17<sup>th</sup>  
year 1940 hour 6 am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 15<sup>th</sup>  
1940 to July 17<sup>th</sup> 1940;  
that I last saw him alive on July 17<sup>th</sup> 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular collapse 5 hrs

Due to Bronchopneumonia 2 days

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 8 months of death)

Major findings: None  
Of operations \_\_\_\_\_

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Julius Jensen (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Ave Date signed 7/18/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Jansen  
12-1  
3720 Washington

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Robert L. Dinkema*

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand

**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.)**

**If this body is not embalmed, above space should be left blank.**