

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26288

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1283

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2615 Arthur Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2615 ARTHUR AVE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME John Wilcox Menaugh-320

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna H 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased JAN 29 1860  
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 9 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace DECATUR ILL  
(City, town, or county) (State or foreign country)

10. Usual occupation PRINTING

11. Industry or business \_\_\_\_\_

12. Name Wilson T. Menaugh

13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Jennings

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

16. (a) Informant Dr. Dutton Anna Menaugh

(b) Address 2615 Arthur Ave

17. (a) Burial (b) Date thereof 7-12-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Hilary

18. (a) Signature of funeral director Jay O. Smith

(b) Address 7456 Olive Street

19. (a) JUL 10 1940 (b) W. R. Meyer M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1940 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 2 1940 to July 8 1940  
that I last saw him alive on July 8 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of age & complications of diseases  
Due to \_\_\_\_\_

Due to 162  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: Of operations None  
Of autopsy None  
Underline the cause to which death should be charged statistically.

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? 7A7  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. A. Duffen M.D. (M. D. or other) J  
Address 7512 Williams Date signed 7-8-1940

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

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**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*J.P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

**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.**