

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 40889

Registrar's No. 10660

Registration District No. 7911

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County g
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5006 Beacon Ave.
(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

8. (a) PRINT FULL NAME Edward Menefee

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

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

7. Birth date of deceased May 14th, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 17 10 hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business W.P.A.

MOTHER FATHER { 12. Name Gus Menefee
13. Birthplace Dont Know
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ellen Howard
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Gerald Menefee
(b) Address 5006 Beacon Ave.

17. (a) Burial (b) Date thereof 12-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Thornthwaite G.
(b) Address 3710 N. Grand Blvd.

19. (a) DEC 26 1940 (b) J. W. Brudwick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5006 Beacon Ave.
(If rural, give location)

(e) If foreign born, how long in U.S. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 24th.
year 1940 hour 8.00 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Chronic Interstitial Nephritis
Due to Arteriosclerosis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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)
Means of injury _____

23. Signature Edith Perry (M. D. or other) _____
Address 2141 1/2 E. 12th St. Date signed 12/24/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Kenneth Jones, Registered Apprentice No. 238

working under my personal supervision.

Signed

Robert L. Burkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand Blvd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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