

FILED APR 8 1947 91

Primary Registration District No. 1003

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

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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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 15 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... MISSOURI (b) County..... 1000
(c) City or town..... ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No..... 7004 PENNSYLVANIA
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME..... Dolores Fernandez
(b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... March day..... 15,
year..... 1942 hour..... 10:35 minute..... P. M.

4. Sex..... F 5. Color or race..... N
6. (b) Name of husband or wife..... ANTHONY 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... 12 21 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... March
..... 1, 1942, to..... March 15, 1942
that I last saw her alive on..... March 15, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years..... 76 Months..... 2 Days..... 23
If less than one day..... hr..... min.....

Immediate cause of death.....
Chr. myocarditis with
auricular fibrillation
and hypertension
and arteriosclerosis
with marked cerebral arteriosclerosis
Other conditions..... Capit. arteriosclerosis 9 mos
and inf. frontal artery
of operations..... of middle cerebral art.

9. Birthplace..... SPAIN (City, town, or county)..... 5 (State or foreign country)
10. Usual occupation..... NONE

PHYSICIAN.....
Underline the cause to which death should be charged statistically.
Major findings:
Of operations..... Refused
Of autopsy.....

MOTHER FATHER

11. Industry or business.....
12. Name..... FRED MENENDEZ
13. Birthplace..... SPAIN (City, town, or county)..... 15 (State or foreign country)
14. Maiden name..... VERONICA SANCHEZ
15. Birthplace..... SPAIN (City, town, or county)..... 15 (State or foreign country)
16. (a) Informant..... Anthony Fernandez
(b) Address..... 7004 PENNSYLVANIA
17. (a) BURIAL (b) Date thereof..... 3-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... MT. HOPE
18. (a) Signature of funeral director..... SOUTHERN FUNERAL HOME
(b) Address..... 6322 S. GRAND
19. (a) 1125 (b) J. F. Brueck
(Date received local register) (Registrar's signature)

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..... 0
23. Signature..... Red Wade (M. D. or other).....
Address..... 1515 Lafayette Ave. Date signed..... 3/16/42

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.....

Viggo L. Berryman

Licensed Embalmer No. *4018*

P. O. Address *St. Louis Mo*

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, fact should be so stated above.