

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....

(b) City or town. ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. ANTHONY'S HOSP.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....

(c) City or town ST. LOUIS,
(If outside city or town limits, write "RURAL")

(d) Street No. ST. ANTHONY'S HOSP
3108 Potomac (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME INFANT JEANE MENENDEZ

(b) If veteran, name war NONE

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 12 year 1942 hour 10:00 minute 30 M.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased SEPTEMBER 21, 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 31st 1942 that I last saw her alive on Sept 21st 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
14 hr. 30 min.

Immediate cause of death Pneumonia
7 months

Due to Cause not known

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations none

Of autopsy none

11. Industry or business "

12. Name FRED J. MENENDEZ

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

14. Maiden name RUTH SCHERER

15. Birthplace ST. LOUIS, MO
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant MR. FRED MENENDEZ

(b) Address 3108 POTOMAC

17. (a) BURIAL (b) Date thereof 9/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL'S CHURCH, MO.

18. (a) Signature of funeral director SOUTHERN FUN. HOME

(b) Address 6322 S. GRAND

19. (a) SEP 22 1942 (b) J. P. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature Joseph Navje (M. D. or other)

Address 3137 N. 94 Date signed 9-22-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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: *Virgil 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.