

FILED APR 20 1944

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

318

1003

3375

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7011a Pennsylvania
(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 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 11
(d) Street No. 7011a Pennsylvania
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amparo Menendez

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

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

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 6 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 10 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Granda

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

14. Maiden name Benjaminas Verdin

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

16. (a) Informant Joseph Menendez

(b) Address 7011a Pennsylvania

17. (a) Burial (b) Date, thereof 4/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Jos. P. Guller Jr.

(b) Address 7128 Michigan

19. (a) APR 11 1944 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1944 hour 7.00 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 20 to April 9 1944
that I last saw her alive on 4/19/44
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 4 days

Due to Septicemia

Due to Renal vascular disease Myocarditis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 121

PHYSICIAN

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? _____

While at work _____ (Specify type of injury) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 1239 W. [Address] Date signed 4/10/44

6639 VIRGINIA

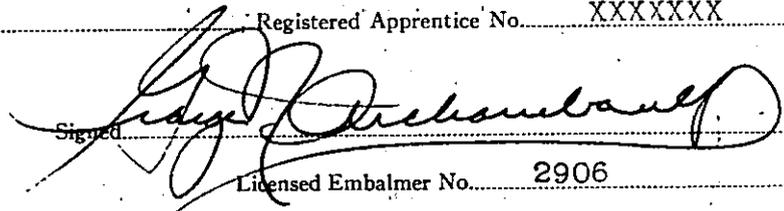
STATEMENT BY LICENSED EMBALMER

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

George N. Archambault

Registered Apprentice No. XXXXXXXX

working under my personal supervision.

Signed .....

Licensed Embalmer No. 2906

P.O. Address 7128 Michigan Ave.

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.