V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35628

State File No.

FILED DEC 12 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10431

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Brothers Hospital 0
(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 17
(If outside city or town limits, write "RURAL")

(d) Street No. 7023 Minnesota 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Vincent Menendez

3. (b) If veteran, name war No

3. (c) Social Security No. 488-05-1607

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Sophia

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased August (Month) 10 (Day) 1899 (Year)

8. AGE: Years 46 Months 3 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Spain 5 (State or foreign country)

10. Usual occupation Shoe cutter

11. Industry or business Shoe Mfg.

FATHER
12. Name Joseph Menendez
13. Birthplace (City, town, or county) Spain 5 (State or foreign country)

MOTHER
14. Maiden name Ramona Ferrera
15. Birthplace (City, town, or county) Spain 5 (State or foreign country)

16. (a) Informant Mrs. Sophia Menendez
(b) Address 7023 Minnesota

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.

19. (a) DEC 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29 year 45 hour ~~12.15~~ / minute 1 P. M.

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

Immediate cause of death Ether Anesthesia While undergoing operation for ruptured disc St Alexian Brothers Hospital on Nov. 29 1948 About 1.00 o'clock P.M.

Due to Ruptured Disc - Spine

Duration

Other conditions (Include pregnancy within 3 months of death) 6 1 0 8

Major findings:
Of operations 195

Of autopsy 45

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 000

(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? 21
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature Alfred J. Perry (M. D. or other)

Address Deputy Coroner Date signed 12/1/45

(Licensed Embalmer's Statement on Reverse Side)

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. XXXXXX, working under my personal supervision.

Signed George N. Archambault

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.