

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: St. Anthony Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Joseph Anthony Mendica

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-05-0956

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

6. (b) Name of husband or wife Florence (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept. 1908
(Month) (Day) (Year)

8. AGE: Years 40 Months 2 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation Superintendent

11. Industry or business Lincoln Engineering Corp

12. Name Joseph A. Mendica Sr.

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marcella Johnson

15. Birthplace St. Louis Mo. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Mendica

(b) Address 3838 Bingham

17. (a) Burial (b) Date thereof 11-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holy Cross E. St. Louis

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Maramec

19. (a) Nov 27 1948 (b) J. P. Kauter
(Date received local registrar) (Registrar's signature)

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3838 Bingham Ave.
15 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26 year 1948 hour 6:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4/22/47 19____ to death 19____;
that I last saw him alive on 11/11/48 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis
myocardial disease
Rheumatic heart disease
arteriosclerosis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 92

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? _____
(Specify type of place) (e) Means of injury _____

23. Signature Thomas P. Anderson M.D.
Address 4662 Maryland Date signed 11/27/48

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

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

MOTHER, FATHER

mit

11.60
10 AM

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.....

Jack Haupt

Registered Apprentice No. *231*

working under my personal supervision.

Signed *Francis Williamson*

Licensed Embalmer No. *3565*

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.