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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41654

Primary Registration District No. 1005

Registrar's No. 16706

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

1. PLACE OF DEATH:

(a) County ~~St. Louis~~

(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.Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community ..... years, months or days)

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. 4500 Arsenal Street
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ANNA MCMENAMY

3. (b) If veteran, name war NIL

3. (c) Social Security No. NIL

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Patrick S.McMenamy, deceased 1933 years

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

7. Birth date of deceased November (Month) 23 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	0	16	hr. min.

9. Birthplace St. Peters (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Jacob Fetsch
13. Birthplace Alsace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Elizabeth Haas
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mr. I.C. McMenamy

(b) Address 508 E.5th--Yankton, S.D.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 11-1948 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cemetery St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 800 N. 2nd-St.Charles, Mo.

19. (a) DEC 10 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th year 1948 hour 7 minute 45 AM.

21. I hereby certify that I attended the deceased from 12/1/48, 19..., to Dec. 9th, 1948 that I last saw her alive on Dec. 9th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of left lenticula striate arterie

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

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

Address ..... Date signed .....

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Joseph I Landolt.....

Licensed Embalmer No.....4189.....

P. O. Address.....St. Charles 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.