No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 41671

Registrar's No. 10931

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St Anthony,s Hospital
(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 Missouri (b) County 0 0 7

(c) City or town St Louis 4
(If outside city or town limits, write "RURAL")

(d) Street No. 3931a Nebraska Av 0
(If rural, give location)

24

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

If yes, name country

3. (a) PRINT FULL NAME William H Menard

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Sept (Month) 20 (Day) 1881 (Year)

8. AGE: Years 67 Months 2 Days 27 If less than one day hr. min.

9. Birthplace Prairie De Rouche Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Edmand Menard
13. Birthplace Prairie De Rouche Ill. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Kehoe
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Menard
(b) Address 3931a Nebraska Av

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm C Mrydell Ord
(b) Address 1926 Allen Av

19. (a) DEC 18 1948 (Date received local registrar) (b) J. B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1948 hour 1.00 minute A M.

21. I hereby certify that I attended the deceased from Jan 1948 to Dec 17 1948
that I last saw him alive on Dec 16 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	5 days
Due to arterio-sclerosis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Athero sclerosis + Edema B Pleura

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 T E Michael (M. D. or other) ND
Address St Louis Date signed 12/18/48

(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 me

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

working under my personal supervision.

Signed Mary J. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.