

No. 300  
10-46

FILED NOV 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35722

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2566

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1 Mo.		d. STREET ADDRESS (If rural, give location) 7210 a Pennsylvania	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Manchester Nursing Home			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Mary	b. (Middle) Pilar	c. (Last) Garcia	(Month) Oct. 22	(Day) 1950	(Year)

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 30 1891	9. AGE (In years last birthday) 59	10. UNDER 1 YEAR 1	11. UNDER 2 HRS. 22
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Spain	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Francisco Menendez	13b. MOTHER'S MAIDEN NAME Irene Alonzo	14. NAME OF HUSBAND OR WIFE Nick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Nick Garcia	ADDRESS 7210 a Pennsylvania
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  3 mo 443X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>St. hemiplegia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 3.52 A	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Sept 7, 1950, to Oct 22, 1950, that I last saw the deceased alive on Oct 21, 1950, and that death occurred at 7:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ch. Denny</u>	(Degree or title)	23b. ADDRESS <u>Creve Coeur, Mo</u>	23c. DATE SIGNED <u>10-23-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-25-1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. OCT 23 1950	REGISTRAR'S SIGNATURE <u>W. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. Fendler Jr.</u>	ADDRESS 7128 Michigan
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 28 1956

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Clarence Pochow*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3093

P. O. Address 7128 Michigan

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.