

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43172

FILED JAN 10 1952

State File No. 11016

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11016</b>		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>2019</b>				
b. CITY OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>7113 Minnesota</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Deaconess Hosp.</b>								
3. NAME OF DECEASED (Type or Print) <b>Abelina</b>			a. (First)		b. (Middle)		c. (Last) <b>Menendez</b>	
4. DATE OF DEATH <b>Dec. 11 1951</b>				5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 1 1887</b>		9. AGE (In years last birthday) <b>64</b>		10. IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Spain</b>		12. CITIZEN OF WHAT COUNTRY? <b>5</b>		
13a. FATHER'S NAME <b>Joseph Martinez</b>			13b. MOTHER'S MAIDEN NAME <b>Josephine Garcia</b>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Blanche Menendez</b> ADDRESS <b>7113 Minnesota</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b> <b>Pneumobarital Poisoning</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>deceased took an overdose of prescribed medicine while in a menopause condition, at her home at 7113 Minnesota on or about Dec 7 1951</b> II. OTHER SIGNIFICANT CONDITIONS <b>see above</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>exact time unknown</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>St. Louis</b> (COUNTY) <b>Mo.</b> (STATE) _____				
21d. TIME OF INJURY <b>Dec 7 51</b>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>see above</b>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:10 p.m.</b> , from the causes and on the date stated above. <b>14</b>								
23a. SIGNATURE <b>Wm. J. Fendler</b> (Degree or title) _____				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>12/13/51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-14-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>		24d. LOCATION (City, town, or county) <b>St. Louis, Co. Mo.</b> (State) _____		
DATE REC'D BY LOCAL REG. <b>DEC 13 1951</b>		REGISTRAR'S SIGNATURE <b>J. P. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. P. Fendler Jr.</b> ADDRESS <b>7128 Michigan</b>				

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

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ronald O Yaluke

Licensed Embalmer No. 3917

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.