

43638

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. .... 11337

FILED JAN 10 1953

318

PRIMARY REG. DIST. NO. 1003

REG. DIST. NO. BIRTH NO.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>45 So. Schlueter</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Menefee Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12/8/52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11/17/12</u>
9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plant Supt.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lincoln Eng.</u>	11. BIRTHPLACE (State or foreign country) <u>Montgomery City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>John W. Menefee</u>	13b. MOTHER'S MAIDEN NAME <u>Hallie Earnest</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Louise Menefee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>497-01-2228</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary Louise Menefee, Ferguson,</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic carcinoma</u>			INTERVAL BETWEEN ONSET AND DEATH* <u>months</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralytic ileus of intestinal tract</u>			<u>2 wks</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Bronchogenic carcinoma supra clavicular gland</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>162X</u>	
22. I hereby certify that I attended the deceased from <u>9/11</u> , 19 <u>52</u> , to <u>12/8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/8</u> , 19 <u>52</u> , and that death occurred at <u>1:20 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank A. July</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>212 17th Street</u>	23c. DATE SIGNED <u>12/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/10/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Mo.</u>
DATE REC'D BY LOCAL REG. <u>DEC 9 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chepel, Ferguson, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 L. M. White

Licensed Embalmer No. 397-3

P. O. Address Berquias, 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.