

STANDARD CERTIFICATE OF DEATH

16526

State File No.

FILED APR 29 1953

BIRTH NO. 21855 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1076

4005
WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		c. LENGTH OF STAY (In this place) 23 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2199
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			d. STREET ADDRESS (If rural, give location) 4553 Laclede		
3. NAME OF DECEASED (Type or Print) Baby Girl MENESES			4. DATE OF DEATH (Month) (Day) (Year) 4 - 14 - 53		
5. SEX F.	6. COLOR OR RACE Phillipino	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 13, 1953	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days
				23	IF UNDER 24 HRS. Hours Mins. 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Anacleto MENESES		13b. MOTHER'S MAIDEN NAME Maria Leelin	
14. NAME OF HUSBAND OR WIFE None		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. None	
17. INFORMANT'S SIGNATURE OR NAME Anacleto Meneeses, 4553 Laclede Ave.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Immaturity		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) 776K	
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?	
22. I hereby certify that I attended the deceased from <u>April 13, 1953</u> , to <u>April 14, 1953</u> , that I last saw the deceased alive on <u>April 14, 1953</u> , and that death occurred at <u>5:30 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE B. D. Smith, M.D.			23b. ADDRESS 340 Beaumont Bldg.		23c. DATE SIGNED 4-14-53
24a. BURIAL CHARGE 4-15-53		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. 4-14-53		REGISTRAR'S SIGNATURE Harold R. Donk	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.			

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, ~~only~~

working under my personal supervision.

Student Embalmer No.

No Embalmed

Signed.....
Student Embalmer

Signed *Elton R. Remelini*

Licensed Embalmer No. *4283*

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.