

FILED JUL 16 1957

STANDARD CERTIFICATE OF DEATH

26364  
STATE FILE NUMBER 5704  
Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes # No 0		c. CITY OR TOWN Florissant <sup>4001</sup>		Inside Limits Yes # No 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hosp.		Length of stay in lb 12 hrs		d. STREET ADDRESS 515 S. Florissant		Reside on Form Yes 0 No 0	
3. NAME OF DECEASED (Type or print) First Middle Last Richard Joseph Menner			4. DATE OF DEATH Month Day Year June 17, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 17, 1957		9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months Days Hours Min. 0 0 0 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph C. Menner				14. MOTHER'S MAIDEN NAME La Vern Capstick			
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 Address J. C. Menner, 515 S. Florissant			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Prematurity Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Congenital atelectasis 7625							INTERVAL BETWEEN ONSET AND DEATH from birth
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED: WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 6-16-57 to 6-17-57 and last saw him alive on 6-17-57 Death occurred at 12:55 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John B. Satchin, M.D.				22b. ADDRESS 111 Church St. Ferguson 21, Mo.		22c. DATE SIGNED 6-18-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-18-57	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county). (State) St. Louis, Missouri		
24. FUNERAL DIRECTOR ADDRESS WHITE CHAPEL, FERGUSON, MO.			25. DATE RECD. BY LOCAL REG. JUN 19 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. J.P.		

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.....  
Signature of Student Embalmer

~~NOT EMBALMED~~

Signed.....

Licensed Embalmer No. 340

P. O. Address Jennings,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.