

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041956

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11509

300  
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>			Length of stay in lb <u>15 days</u>		d. STREET ADDRESS (If outside, give location) <u>5591 Floy Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FRANK</u> Middle <u>MENA</u> Last <u>MENA</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>27</u> Year <u>1958</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 22, 1886</u>		9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> Hours <u>3</u> Min. <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>general</u>		11. BIRTHPLACE (City and state or country) <u>Mexico City, Mexico</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Not Known</u>			13b. MOTHER'S MAIDEN NAME <u>Not Known</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth Mena</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-28-2686</u>		17. INFORMANT <u>Elizabeth Mena</u> Address <u>5591 Floy Ave.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral edema due to cardiac arrest</u> DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) <u>Arteriosclerosis Generalized</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Adenocarcinoma of rectum, status postoperative, abdominal-perineal</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u> <u>years</u> <u>years</u>	
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.) <u>420.0H</u>				
20c. TIME OF INJURY Hour <u>9:00</u> Month <u>Nov.</u> Day <u>27</u> Year <u>1958</u> a.m. <u>9:00</u> p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		20e. CITY, TOWN, OR LOCATION <u>—</u> COUNTY <u>—</u> STATE <u>—</u>		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
21. I attended the deceased from <u>Jan 23, 1958</u> to <u>Nov. 27, 1958</u> and last saw <sup>him</sup> alive on <u>Nov. 27, 1958</u> Death occurred at <u>9:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Joe. M. Orenstein, M.D.</u>				22b. ADDRESS <u>4500 Olive St.</u>		22c. DATE SIGNED <u>11/28/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>12/1/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>		
24. FUNERAL DIRECTOR <u>Buchholz Mortuary 5967 W. Florissant</u>				25. DATE RECD. BY LOCAL REG. <u>DEC 1 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith mo</u> <u>mjs</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Signed *Harvey Kable* .....

Licensed Embalmer No. *4596* .....

P. O. Address *Flouissant, M* .....

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

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