

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-046043
 State File No.

100139-58
 FILED JAN 5 1959

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12157

WRITE PLAINLY—USING UNFADING 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 MO. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		d. STREET ADDRESS (If rural, give location) 2243 E Cass
d. FULL NAME OF HOSPITAL OR INSTITUTION 18. Park Lane Memorial Hospital 2207 Lindell					
3. NAME OF DECEASED a. (First) Barbara		b. (Middle) Sue	c. (Last) Mensio	4. DATE OF DEATH (Month) (Day) (Year) 12 16 1958	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED a	8. DATE OF BIRTH 12-15-58	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months
				IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) St Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frank Mensio Jr		13b. MOTHER'S MAIDEN NAME Betty Marie Gagliardi	14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Frank Mensio 2243 Cass		ADDRESS
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: Pneumonia at home. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 776X				INTERVAL BETWEEN ONSET AND DEATH 4 1/2 35 hrs
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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?			
22. I hereby certify that I attended the deceased from 11:20 PM 12/16/58 , to 3:55 PM 12/16/58 , that I last saw the deceased alive on 12-16-1958 , and that death occurred at 3:55 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Clude E. Keene			(Degree or title)	23b. ADDRESS W-10 0706-walton	23c. DATE SIGNED 12-16-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/17/58	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE REC'D BY LOCAL REG. DEC 17 '58	REGISTRAR'S SIGNATURE J. Earl Smith Jr. S.P.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miceli 1150 No Kingshiway		

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 *Anthony J. Michel* _____

Licensed Embalmer No. *4277* _____

P. O. Address *St. Louis* _____

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.