

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015413

STATE FILE NUMBER
Registral No. 3529

FILED MAY 1 1959

Registration District No. Primary Registration District No.

300
-57
15
171
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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Jewish Hosp.</i> Length of stay in lb <i>30 HRS.</i>		d. STREET ADDRESS (If outside, give location) <i>3680^a French</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>CECIL MENENDEZ</i>			4. DATE OF DEATH Month <i>April</i> Day <i>7</i> Year <i>1959</i>			
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 1 1893</i>	9. AGE (In years lost birthday) <i>66</i>	10. FUNDER 1 YEAR Months Days	11. IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Spain</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>BRAVILO MENENDEZ</i>	13b. MOTHER'S MAIDEN NAME <i>CONSUELO GONZALEZ</i>	14. NAME OF HUSBAND OR WIFE <i>Stella</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>WWI</i>	16. SOCIAL SECURITY NO. <i>488-07-1705</i>	17. INFORMANT <i>Stella Menendez</i> Address <i>3680^a French</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>CORONARY THROMBOSES</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>ARTERIO SCLEROSIS</i> DUE TO (c) <i>420.1</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <i>4/6/59</i> to <i>4/7/59</i> and last saw ^{her} _{him} alive on <i>4/7/59</i> Death occurred at <i>6:30 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Durton G. Smith M.D.</i> (Degree or title)	22b. ADDRESS <i>4632 MARYLAND</i>	22c. DATE SIGNED <i>4/9/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>4/10/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt Hope</i>	23d. LOCATION (City, town, or county) <i>St. Louis Co. MO.</i> (State)
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24. FUNERAL DIRECTOR <i>Joe P. Fendler Jr. 7128 Michigan</i> ADDRESS	25. DATE REG. BY LOCAL REG. <i>APR 9 '59</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>
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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 *V E Morris*

Licensed Embalmer No. *336*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.