

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041801

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10759**

STATE FILE NUMBER

VS 300	DATE AMENDED
Rev. 4/59	
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FILED NOV 7 1963	
1. PLACE OF DEATH a. COUNTY	
St. Louis	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN	
St. Louis	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION	
De Paul Hospital	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
c. CITY OR TOWN	
St. Louis	
d. STREET ADDRESS (If outside, give location)	
2253 Chambers Rd.	
3. NAME OF DECEASED (Type or print) First Middle Last	
Grace L. Menish	
4. DATE OF DEATH Month Day Year	
October 29 1963	
5. SEX	6. COLOR OR RACE
Female	White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
	11/11/75
9. AGE (last birthday)	IF UNDER 1 YEAR
87	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY
Housewife	at Home
11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Vermillion, So. Dakota	U.S.A.
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
James Tebay	Louise Hartburg
14. NAME OF HUSBAND OR WIFE	
Hubert C. Menish	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)	17. INFORMANT Address
No.	Mrs. William Lowry 90 Mohan Dr.
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>Cerebrovascular accident</i>	
DUE TO (b) <i>Arteriosclerotic Cardiovascular disease</i>	
DUE TO (c) <i>4221</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
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 <i>5/9/58</i> to <i>10/29/63</i> and last saw her alive on <i>10/19/63</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
<i>J. E. Kuebrich MD</i>	<i>111 Church St Ferguson Mo</i>
22c. DATE SIGNED	
<i>10/29/63</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
Removal	11/1/63
23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Laurel Hill Gardens	St. Louis County Missouri
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.
White-Mullen Mortuary Ferguson Mo.	OCT 30 1963
26. REGISTRAR'S SIGNATURE	
<i>Roal Smith M.D.</i>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

108110-014

STATE

8001

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1-1-11

25-0

Kenner 12. 29 12.
111 Church St.

3/2/11
4:30 PM

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 Remond X. Lohman

Licensed Embalmer No. 3395

P. O. Address St Louis 35 MC

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.