MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38180

1. PLACE OF DEATH

County: St Charles — Registration District No.: 760 — File No.:

Township: Dardenne — Primary Registration District No.: 6001 — Registered No.: 118

City: ..... (No. Cottleville Mo St. ..... Ward)

2. FULL NAME Josephine Menne

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Menne

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28-1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	7	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Harvester
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER George Schmidt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Elizabeth Rose

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Albin F. Cordes
(Address) St Charles Mo

15. FILED 11/23 1929 J. M. Jenkins M. D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20th 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, to Nov 20, 1929 that I last saw her alive on Nov 20, 1929 and that death occurred, on the date stated above, at 5.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Untreat Obstruction following Floating Kidney
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Urmia
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. M. Jenkins M. D.
, 19 (Address) St Charles, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St Josephs Cemetery	Nov 23 1929
20. UNDERTAKER	ADDRESS
H. Hallmeyer & Sons Co	St Charles Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.