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

Do not use this space.

2577

1. PLACE OF DEATH

County St. Louis County — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 8243 D — Registered No. 17

City (No. Sappington Barracks Rd. St. Ward)

2. FULL NAME August Mennecke

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

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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Mennecke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr.13,1864

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	9	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Cemetary

(c) Name of employer Superintendent

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Henry Mennecke

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

12. MAIDEN NAME OF MOTHER Caroline (unknown)

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

14. INFORMANT Rosa Mennecke
(Address) Sappington Brks Rd.

15. FILED Jan. 23 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan.19. ~~18~~ 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1930, to Jan 19, 1930 that I last saw him alive on Jan 19, 1930, and that death occurred, on the date stated above, at 12:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

924 111B Chronic Endocarditis

(duration) I do not know yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Oedema of the lungs.

(duration) yrs. mos. 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) [signature] M. D.

, 19 (Address) Jeff Bks Rd

*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
Park Lawn Cemetery	Jan.23 1930
20. UNDERTAKER Southern Und.	ADDRESS 6320 S. Grand.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1930

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