

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

Do not use this space.

14472

1. PLACE OF DEATH

County.....
Township.....
City..... (No. 2602

Registration District No. 701
Primary Registration District No. 1003
Caroline

File No.....
Registered No. 3816
St. _____ Ward _____

2. FULL NAME Karl Mennel

(a) Residence. No. 2602 Caroline 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Mennel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	59	2	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Painter
(b) General nature of industry, business, or establishment in which employed (or employer) Busch, Sulzer Eng. Co.
(c) Name of employer St. Louis

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER "

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

14. INFORMANT Mrs. Anna Mennel
(Address) 26 p. 2 Caroline

15. FILED APR 16 1930 W. C. Stankoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 19 30

17. I HEREBY CERTIFY, That I attended deceased from April 10 1930, to April 15 1930, that I last saw him alive on April 15 1930, and that death occurred, on the date stated above, at 7:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
93C
107B

CONTRIBUTORY (SECONDARY) Myocarditis chronic
(duration) _____ yrs. _____ mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED 107B
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. Louis Schuchat, M. D.
April 16 1930 (Address) 2200 Chouteau ave

*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 Missouri Crematory DATE OF BURIAL April 17 1930

20. UNDERTAKER Staudt & Schmitt ADDRESS 3732 S. Grand Blv.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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