

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

Do not use this space.

34826

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1008**
City *St. Louis* (No. *St. Paul Hospital*) St. Ward)

File No. **10221**
Registered No.
St. Ward)

2. FULL NAME

Charles W. Menige
(a) Residence. No. *4617 Sherman* St. *17* Ward.
(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. (If nonresident, give city or town and State)

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 *Kathleen Menige*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 23, 1868*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>62</i>	<i>1</i>	<i>3</i>	

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

9. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) *Maryland*

10. NAME OF FATHER *Charles Menige*

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

12. MAIDEN NAME OF MOTHER *Anna Robyan*

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

14. INFORMANT *Catherine Menige*
(Address) *4617 Sherman St.*

15. FILED *38 153* *Max C. Starnett* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 26* 19*30*

17. I HEREBY CERTIFY, That I attended deceased from *Nov 6*, 19*29*, to *Oct 26*, 19*30*, that I last saw him alive on *10-26*, 19*30*, and that death occurred, on the date stated above, at *9:35 a. m.*

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
1248 Curious of liver
191 due industrial neglect
(duration) *1* yrs. *0* mos. *0* ds.

CONTRIBUTORY (SECONDARY) *Obema of Brain & lungs due to Uremia*
(duration) *1* yrs. *0* mos. *0* ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH *1929*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *10/27/30*
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *Herbert S. Langlof*, M. D.
10/27, 1930 (Address) *208 Hill Bldg*

*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 *Calvary* DATE OF BURIAL *Oct 29 1930*

20. UNDERTAKER *Hanigan & Sheahan* ADDRESS *Washington*

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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