

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

Do not use this space.

39033

1. PLACE OF DEATH
 County Franklin Registration District No. 297
 Township Washington Primary Registration District No. 9016
 City Washington (No., St. Ward)

File No.
 Registered No. 114

2. FULL NAME Martha Olivia Menzenwerth
 (a) Residence. No. West 5th Street St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 2 14

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

9. BIRTHPLACE (CITY OR TOWN) Washington Mo
 (STATE OR COUNTRY) Franklin County

10. NAME OF FATHER Frederich Menzenwerth

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

12. MAIDEN NAME OF MOTHER Katherine Oetker

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

14. INFORMANT Henry Menzenwerth
 (Address) Coronado Hotel

15. St Louis Mo
Dec 13 1930 O. L. Munch
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1930, to Dec 10, 1930 that I last saw him alive on Dec 9, 1930, and that death occurred, on the date stated above, at 2:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

mitral Stenosis
 (duration) 9 yrs. 5 mos. 5 ds.

CONTRIBUTORY (SECONDARY) unknown
 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical signs
 (Signed) O. L. Munch M. D.

12/12, 1930 (Address) Washington 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 Lutheran Cemetery DATE OF BURIAL Dec 14th-1930

20. UNDERTAKER Otto & Co--G H O ADDRESS Washington Mo

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.

JAN 19 1931

