

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

Do not use this space.

9910

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 758
 12 Township Primary Registration District No. 1471
 8 City Webster Groves (No. 202, Chestnut) St. Ward (.....)

2. FULL NAME Minnie Menke
 (a) Residence, No. 202 Chestnut St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 16 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 2 ✓
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben C. Menke
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 - 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 8 09

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 13. NAME Henry Rohlfing
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Briesmeyer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Mrs. H. Menke
 (ADDRESS) 348 Ridge ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE Gion DATE March 20, 1932
 19. UNDERTAKER Parker Undertaking Co
 (ADDRESS) 15 West Lockwood Bldg
 20. FILED 3/19 1932 Dr. A. W. Nutt Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 17, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1931, to 3 - 17, 1932
 I last saw her alive on 2 - 17, 1932 Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis Date of onset 2 yrs
92A
132A 92A
 Other contributory causes of importance: Hypertension - Nephritis
 Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury None
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Arthur H. Menke, M. D.
 (Address) 204 E. Big Bend

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.

APR 29 1932

