

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

Do not use this space.

21153

1. PLACE OF DEATH

County St. Louis Registration District No. 7901
 Township St. Louis Primary Registration District No. 1000
 City Mo. Pacific Hospital (No. 1000) Registered No. 5701
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. New Haven, Mo. St. 17 Ward. New Haven, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Emil Menke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1899

7. AGE YEARS 32 MONTHS 10 DAYS 21 if LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2 3/4
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 12 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger, Mo

13. NAME Fred J. Hoelscher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger, Mo

15. MAIDEN NAME Emma Fallbeck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger, Mo

17. INFORMANT (ADDRESS) Emil Menke - (husband)
New Haven Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Haven Mo DATE 6-18-32

19. UNDERTAKER (ADDRESS) Fertig, Und. Co
New Haven Mo

20. FILED: 11 1932 Registrar Max C. ...

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1932

22. I HEREBY CERTIFY that I attended deceased from June 15, 1932 to June 16, 1932
 last saw her alive on June 16, 1932 Death is said to have occurred on the date stated above, at 8:50 AM m.
 The principal cause of death and related causes of importance were as follows:

Acute Appendicitis
 Peritonitis
 Date of onset 6-10-32
 Other contributory causes of importance: None
12/11 J.W. ... 6/16/32

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 —
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J.A. ... M. D.
 (Address) 1755 S. Grand

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.

