

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

Do not use this space.

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
 Township \_\_\_\_\_ Primary Registration District No. **1003**  
 City **St. Louis Mo.** No. **1432**, **Mullanphy** St. \_\_\_\_\_ Ward \_\_\_\_\_

**24459**

File No. \_\_\_\_\_  
 Registered No. **5831**  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

**George Menke**  
 (a) Residence, No. **809 N. 12th** St. **75** 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Elfrieda Menke</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan. 16 1881</b>		
7. AGE YEARS <b>52</b>	MONTHS <b>5</b>	DAYS <b>15</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Book Keeper</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
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) <b>St. Louis Mo.</b>		
13. NAME <b>Joseph Menke</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME <b>Louise Querheim</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Wabam</b>		
17. INFORMANT <b>Mrs. Elfrieda Menke</b> (ADDRESS) <b>614 Elbert on Webster Grov</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Catvay Cem.</b> DATE _____ 19____		
19. UNDERTAKER <b>Rehman Harral</b> (ADDRESS) <b>1905 Union Blvd</b>		
20. FILED <b>1-3-1933</b> <b>J. A. Bredeck</b> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**  
 I hereby certify that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **6:45 A.M.**  
 The principal cause of death and related causes of importance were as follows:

**Gunshot wound of right temple**  
 Disease

Other contributory causes of importance:  
**167 167**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **suicide** Date of injury **Jan. 3, 1933**  
 Where did injury occur? **Ex. East Mo.**  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Gunshot wound of**  
 Nature of injury **Right temple**

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) **Karol E. Gub**  
 (Address) **Security for owner**

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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7/3/33

