

APR 11 1936

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*No. *5572**Eiler*

File No. 13112

Registered No. 3185

St. Ward)

2. FULL NAME *George Menhaus*(a) Residence, No. *5572 Eiler* St. *15* Ward.

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth? (If nonresident, give city or town and State)

yrs.

mos.

ds.

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 *Annanee Vogh*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 1 - 1873*7. AGE YEARS *63* MONTHS *0* DAYS *21* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Ice & Coal dealer*

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) *St. Louis* (STATE OR COUNTRY) *Mo*13. NAME *Gerhard Menhaus*14. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)15. MAIDEN NAME *Katherine Fester*16. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)17. INFORMANT (ADDRESS) *A. Menhaus*
*1928 Victor Str.*18. BURIAL, CREMATION, OR REMOVAL PLACE *S. S. Peter & Paul* DATE *Mar 25 - 1936*19. UNDERTAKER (ADDRESS) *Witt Bros. St. L. Co.*
2424 So. Jefferson Ave.

MAR 24 1936

19

J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 22, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Jan 18*, 1936, to *March 21*, 1936I last saw him alive on *March 21*, 1936 Death is said to have occurred on the date stated above, at *6:00* a.m.

The principal cause of death and related causes of importance were as follows:

*Uremic Coma**Chronic Nephritis (parench.)*

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify *Chronic Nephritis*(Signed) *W. D. Fisher*, M. D.(Address) *1800 So. Broadway*

Date of onset

*29**3/20/36**2*

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.

