MAR 5 - 1937

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

Do not use this space.

File No. 8220
Registered No. 1669

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. 1953a, Withnell Ave. St., ... Ward)

2. FULL NAME Catherine Menkhaus

(a) Residence, No. 1953a Withnell Ave St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 2, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	51	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Packer 5

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 1

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

FATHER

13. NAME Casper Menkhaus 10

14. BIRTHPLACE (CITY OR TOWN) Germany 10
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Elizabeth Maiburg

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT Emma Menkhaus
(ADDRESS) 1953a Withnell Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS Peter + Paul DATE 2-8-37, 19

19. UNDERTAKER Oscar J. Hettmeister
(ADDRESS) 4012 Chippewa Ste

20. FILED FEB 8 - 1937, 19 J. F. Bredeck
Registrar.

976

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1937, to Feb 5, 1937
Last saw h.e.r. alive on Feb 4, 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Feb 1, 1937
Other contributory causes of importance: La Grippe	Jan 1, 1937

Name of operation ..... Date of 160
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

(Signed) Pierce W. Powers, M. D.
(Address) 2531 So. Jefferson

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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