MAR 5 - 1937

Dr Powers

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

Do not use this space.

File No. 8584
Registered No. 2040

1. PLACE OF DEATH

County .....
Township .....
City St Louis (No. St Anthony's Hosp. St. ..... Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Emma Menkhaus

(a) Residence, No. 1952 A Withnell 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) Feb. 3, 1881

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady 55

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) St. Louis Mo 10

FATHER

13. NAME Casper Menkhaus 10

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

MOTHER

15. MAIDEN NAME Elizabeth Miburg

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

17. INFORMANT Mrs. Wm. Wagner
(ADDRESS) 626 Wilmington

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

19. UNDERTAKER Oscar J. Hoffmeister
(ADDRESS) 4016 Chippewa Str.

20. FILED FEB 18 1937, 19 Jos Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-37, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1937, to Feb 15, 1937

I last saw h. e. r. alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 920 P m.

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

Lobar Pneumonia — Date of onset 2/8/37

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Other contributory causes of importance:

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

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

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.

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Lee Parsons