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

Do not use this space.

JUN 12 1937

File No. 18439

Registered No. 5015

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. Lutheran Hospital St. Ward)

2. FULL NAME Helen Menzel

(a) Residence, No. 3620 Indiana 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: 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 Arthur Menzel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24th. 1902.

7. AGE 35

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
34	8	21	

OCCUPATION

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.

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.

FATHER

13. NAME Allen Vieten

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

MOTHER

15. MAIDEN NAME Anna Evert

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

17. INFORMANT Arthur Nenzel
(ADDRESS) 3620 Indiana AVe.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE May. 19th. 1937

19. UNDERTAKER Wacker-Helderle.
(ADDRESS) 2331 S. Broadway

20. FILED MAY 18 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 15th. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1932 to May 15 1937

I last saw her alive on May 15, 1937. Death is said to have occurred on the date stated above, at 10.25 P.M.

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

	Date of onset
Myocardial Degeneracy	May '32

93c

Other contributory causes of importance:

Rheumatic Fever. chronic

Name of operation None Date of

What test confirmed diagnosis? Clinical 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? No.

If so, specify

(Signed) Arthur W. Westrup, M. D.

(Address) Webster Groves, Mo.

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.

X6314