

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

Do not use this space.

**1. PLACE OF DEATH** JUN 12 1937

County .....

Registration District No. **791**

File No. **18445**

Township .....

Primary Registration District No. **1003**

Registered No. **5021**

City **St. Louis, Mo.**

(No. **Mo. Baptist Hospital**)

St. .... Ward)

**2. FULL NAME**

**Mrs. Ida Menke**

(a) Residence, No. **4262 Nat Bridge Ave. St.**

**10** Ward.

(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** **Frank T. Menke**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** **Sept. 30-1875**

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
**61**      **7**      **16**

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

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** **Housewife**

**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.**

**13. NAME** **Henry Unger**

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

**15. MAIDEN NAME** **Anna Lamwersick**  
**Germany**

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

**17. INFORMANT (ADDRESS)** **Frank T. Menke**  
**4262 Nat, Bridge**

**18. BURIAL, CREMATION, OR REMOVAL**  
**PLACE** **Zions Cem.** **DATE** **May 19-1937**

**19. UNDERTAKER (ADDRESS)** **Henry Lechner Und. Co.**  
**1417 N. Market St.**

**20. FILE** **MAY 18 1937** **J. Bredeck**  
**Registrar.**

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **May 16-37** .19

**22. I HEREBY CERTIFY**, That I attended deceased from **May 13**, 19**37**, to **May 16**, 19**37**. I last saw **her** alive on **May 16**, 19**37**. Death is said to have occurred on the date stated above, at **10:10 a.m. 10 M**. The principal cause of death and related causes of importance were as follows:

**Diabetic Coma**  
**59**  
Other contributory causes of importance:  
**Blood Sugar 2.70 Urin Sugar 4+**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Laboratory**. Was there an autopsy? **No**

**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) **L. L. Naehse, M.D.**, M. D.  
(Address) **4425 Nat. Bridge Blvd.**

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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