DEC 28 1937

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

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Do not use this space.

42494

1. PLACE OF DEATH
County Saint Louis — Registration District No. 1123 — File No.
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 469
City Jefferson Barracks (No. , V.A.F. St. Ward)

2. FULL NAME Walter E. MENKE
(a) Residence, No. St., Ward. Red Bud, Illinois
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. yrs. mos. ds. How long in U. S., if of foreign birth? 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: Mrs. Clara Menke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 27, 1893

7. AGE: YEARS 44 — MONTHS 10 — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Watertown, Wisconsin

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT (ADDRESS): Clinical Clerk M. Schillig, VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. John's Luthern, Red Bud, Ill. DATE: 11-30-37, 19

19. UNDERTAKER (ADDRESS): C. Hoffmeister, 7814 S. Broadway

20. FILED: Nov. 29, 1937 G. Mowry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, 19, to November 27, 1937
I last saw him alive on November 27, 1937 Death is said to have occurred on the date stated above, at 11:50 PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Ulcer, old, bleeding with secondary anemia, severe.	Unkn.
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Other contributory causes of importance: Syphilis Tertiary, (tabes dorsalis)	Unkn.

Name of operation: None — Date of
What test confirmed diagnosis? Phy. clinical manif. and 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?
If so, specify
(Signed) C.W. HUGHES, M. D., M. D.
(Address) Chief Med. Off. VAF Jeff. Bks., Mo.

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

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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