

REC'D SEP 12 1938

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

27676

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **701**
 (b) Township..... Primary Registration District No. **1008**
 (c) City St. Louis Mo (d) Street No. 3842 Arsenal St Registered No. **7690**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred, yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry C Menne **577**

(a) Residence, No. 3842 A Arsenal St St. **16**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Katherine C Menne
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 4 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Treasurer
 9. Industry or business in which work was done, as saw mill, bank, etc. City of St. Louis
 10. Date deceased last worked at this occupation (month and year) Last April 11. Total time (years) spent in this occupation.....
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo
 FATHER 13. NAME Henry C Menne
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Theresa Jostes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Katherine Menne
 (ADDRESS) 3842 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Old S. S. Peter Paul 8 2 39th

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuar
 (ADDRESS) 4228 So. Kinghighway Blvd

20. FILED J. D. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 38. 1922. I HEREBY CERTIFY, That I attended deceased from July 10, 1938 to July 19, 1938I last saw h. in alive on 7-29-38, 1938 Death is saidto have occurred on the date stated above, at 5 PM.

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

General Coronarthritis
Myocarditis - (all boxes)
Probably prostatic
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis Trag 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 D. J. Hallock
 (Signed) D. J. Hallock, M. D.
 (Address) 315 D. Trace

AUG 30 1938

5115 Dr. S. V. Vandover

Dr. S. V. Vandover

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *Edmund M. Dequatt*

Licensed Embalmer No. *3024*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.