

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

DEC 12 1938

37274
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis Mo.** (d) Street No. **EARNES HOSPITAL** Registered No. **9601**
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Anna Menne**

(a) Residence, No. **6816 Washington Ave.** St. **KA** **K. City, Mo.**
 (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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Otto J. Menne</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 23 - 1865</i>		
7. AGE YEARS <i>73</i>	MONTHS <i>6</i>	DAYS <i>11</i>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		<i>at home</i>
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) <i>St. Louis, Mo.</i>		
FATHER	13. NAME <i>Herman Mohrman</i>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
MOTHER	15. MAIDEN NAME <i>Louise Thomas</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Harry Menne #6816 Washington</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peter's Cem</i> DATE <i>11-5-38</i>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <i>C.P. Lepton & Son #7233 Bellway Blvd</i>		
20. FILED <i>4</i> <i>1938</i> <i>J. J. Fredrick</i> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 3d, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **8-18-38** to **11-3-38**, 1938
 I last saw her alive on **11-3-38**, 1938. Death is said to have occurred on the date stated above, at **11:35 P.M.**

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

Chondroma of right chest wall with extensive invasion right thorax. (Non malignant)

Other contributory causes of importance:

Hydropneumothorax, right

Name of operation *5 attempts at thoracotomy* Date of operation
 What test confirmed diagnosis? *Cytology* 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) *E. L. Burns, Jr.* M. D.
 (Address) **BARNES HOSPITAL**

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.

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,

Clarence H. Murray by

Registered Apprentice No., working under my personal supervision.

Signed *Clarence H. Murray*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis, Mo*

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.