

REC'D FEB 10 1939

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

482  
Do not use this space.

482

## 1. PLACE OF DEATH

(a) County 2 Registration District No. 791  
(b) Township 1 Primary Registration District No. 1003  
(c) City St. Louis, (d) Street No. 5057, Ridge Ave., St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.

## 2. PRINT FULL NAME

207 Pauline M. Sass  
(a) Residence, No. 5057 Ridge Ave., St. 6 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Fred H. Sass</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Feb. 19, 1870</b>		
7. AGE	YEARS <b>68</b>	MONTHS <b>10</b>
	DAYS <b>25</b>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	<b>Home</b>
	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) <b>Washington, Missouri</b>		
FATHER	13. NAME <b>Henry H. Menzenwerth</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany.</b>	
MOTHER	15. MAIDEN NAME <b>Unknown Klingsick</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>	
17. INFORMANT (ADDRESS) <b>Fred H. Sass</b> <b>5057 Ridge Ave.,</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Washington, Mo.</b> DATE <b>Jan. 17, 1939</b>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 14, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 1** 19**38** to **Jan 14** 19**39**  
I last saw her alive on **Jan 14** 19**39** Death is said to have occurred on the date stated above, at **11P.** m.  
The principal cause of death and related causes of importance were as follows:  
**Chronic Interstitial Nephritis**

Other contributory causes of importance:  
**Arteriosclerosis**  
**Chronic Myocarditis**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **Peter Koch**, M. D.  
(Address) **4701 St. Louis Ave.**

Date of onset **Unable to say.**  
Date of death **Unable to say.**

20. FILED **JAN 16 1939**

Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

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.

Warren A. Carver  
9-11

**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 Warren A. Carver

Licensed Embalmer No. 3534

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.**