

REC'D FEB 10 1939

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

491
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1003 Primary Registration District No.
(c) City St. Louis (d) Street No. 8211 Pennsylvania 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 8211 Pennsylvania St. 1 (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 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 Jacob Urke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. hswk
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Illinois

13. NAME

Anthony Menner

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

Illinois

15. MAIDEN NAME

Louise Stull

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

Illinois

17. INFORMANT (ADDRESS)

J. Menner
8211 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Hope DATE 1-17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Southern Trust Co
6322 3 Grand

20. FILED

19 39
J. B. Beckwith
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938 to Jan 14 1939
I last saw her alive on Jan 13 1939 Death is said to have occurred on the date stated above, at 6:45 pm
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

Other contributory causes of importance:

Chronic interstitial nephritisName of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? no23. 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) J. P. Menner M. D.
(Address) 6953 Gravois Ave

JAN 16 1939

Dr. J. J. ...
6953 ...

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,

WILSON COLLINS

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Wilson Collins*

Licensed Embalmer No. *3887*

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.