

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.

REC'D APR 13 1939

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

11228
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Jefferson 1 Registration District No. 421
 (b) Township _____ Primary Registration District No. 4249 Registered No. 25
 (c) City Festus (d) Street No. _____ 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. ds.
 2. PRINT FULL NAME Emma Sophia Menckel
 (a) Residence, No. _____ St. (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew J. Menckel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18-1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shirt Factory
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1939
 22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937, to March 9, 1939
 I last saw him alive on March 9, 1939. Death is said to have occurred on the date stated above, at 7:05 P.M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Angina pectoris
 Date of onset April, 1937
March 9, 39

Other contributory causes of importance: 94%
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____
 (Signed) Clarence E. Brady, D.O., M.D.
 (Address) 204 Main St. Festus, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beardstown 1
Illinois
 FATHER 13. NAME Frederick Nolden 6
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6
 MOTHER 15. MAIDEN NAME Mary Giles
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Bryant Decker
 (ADDRESS) Festus Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Camel Cemetery 3-17 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fink Und co
Festus Mo.
 20. FILED 3/13 1939 J. E. Rutledge, M.D.
Local Registrar.

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,

Eleana Prounce

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Eleana Prounce

Licensed Embalmer No. *3403*

P. O. Address *Festus, 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.