DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9314

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2797

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5836 Goener
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 49 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County

(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")

(d) Street No. 5836 Goener Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 49 years.

3. (a) PRINT FULL NAME Mrs. Mary Menzenwerth

3. (b) If veteran, name war ---

3. (c) Social Security No. ----

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George F. Menzenwerth

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 15, 1879
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 60 | 7 | 10 | hr. min. |

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Household

11. Industry or business

FATHER
12. Name Louis Schneider
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Bertha Littner
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Geo. F. Menzenwerth
(b) Address 5836 Goener

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 28, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Biedenwieden Funeral Home
(b) Address 1936 St. Louis Avenue

19. (a) MAR 28 1940 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 25th
year 1940 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from Feb. 2nd, 1940 to Mar. 25th, 1940;
that I last saw her alive on March 25th 1940;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Myocarditis | 4 da |
| Due to Chronic Nephritis and | |
| Due to Diabetes | 6 Mo. |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ---
(b) Date of occurrence -----
(c) Where did injury occur? ------- (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? -------- (Specify type of place)
While at work? --- (e) Means of injury

23. Signature Dr. W. H. Walters (M. D. or other) M.D.
Address 3608 So. Grand Blvd., Date signed 3/25/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

## 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 Max Warfel, Registered Apprentice No. 215, working under my personal supervision.

Signed Felix J. Crespin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

**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.**