

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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: 1736 Mississippi 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1736 Mississippi  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1940 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 6<sup>th</sup> 1940 to May 16<sup>th</sup> 1940  
that I last saw him alive on May 16<sup>th</sup> 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
"Bronchial"  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Chronic emphysema 5 yrs.  
(Include pregnancy within 3 months of death)

Duration

7 days

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 1

23. Signature Barton Behanna (M. D. or other) cert  
Address 2602 S. Grand Date signed 5-17-40

3. (a) PRINT FULL NAME Louis Menges 522

8. (b) If veteran, name war --- (c) Social Security No. ---

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased November 30, 1845  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
94 5 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 40 years 9

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Seherer

(b) Address 1736 Mississippi

17. (a) Burial (b) Date thereof 5/20/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wacker-Welderte

(b) Address 2331 S. Broadway

19. (a) MAY 19 1940 (b) J. F. Brudick  
(Date received local registrar)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Robert Wheeler  
Licensed Embalmer No. 2128  
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.**