

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 4578

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:
3063 Marcus Ave. 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 _____
years, months or days)

3. (a) PRINT FULL NAME Louis Menges Sr. 522

3. (b) If veteran, name war no 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Delia (Finegan) Menges 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 1, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>20</u>	hr. _____ min. _____

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

10. Usual occupation Hotel Stewart (Retired)

11. Industry or business _____

12. Name: Jacob Menges

13. Birthplace East St. Louis
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kenker

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

16. (a) Informant Delia Menges

(b) Address 3063 Marcus Ave.

17. (a) Burial (b) Date thereof May 24 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Boomschick's Und Co

(b) Address 4746 W. Florissant Ave.

19. (a) MAY 24 1940 (b) J. F. Boomschick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
 (d) Street No. 3063 Marcus Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
 year 40 hour 7:00 PM minute 0 M.

21. I hereby certify that I attended the deceased from _____, 1936 to May 21, 1940
 that I last saw him alive on May 21, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute dilatation of heart 24 hrs
Hyperension & Ch. Myocarditis 5 yrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none
 Of autopsy _____

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 _____

23. Signature J. F. Boomschick (M. D. or other) MA
 Address 4176 S. Ches Date signed 5-23-40

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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.....

Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.