No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4930

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1178

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 13867 Lafayette
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 87 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis Missouri 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3867 Lafayette Ave.
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Minnie Monken Thie

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 2 Widowed

6. (b) Name of husband ~~or wife~~ Herman J.

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

7. Birth date of deceased Nov (Month) 4 (Day) 1853 (Year)

8. AGE:

Years	Months	Days	If less than one day
87	2	30	hr. min.

9. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name John S. Monken
13. Birthplace Germany (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Clara Kraemer
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Mrs F. J. Bechtold
(b) Address 3867 Lafayette Ave.

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof Feb 5, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cm.

18. (a) Signature of funeral director Weick Bros Und Co.
(b) Address 2201 S Grand Bl.

19. (a) FEB 4 1941 (Date received locally registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3
year 1941 hour 10 00 minute A. M.

21. I hereby certify that I attended the deceased from Apr. 15 - 1940, 19, to Feb 3, 1941
that I last saw her alive on Feb 3 - 1941, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	5 yrs.
Due to Arteriosclerosis	10 yrs.
Due to	
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) No
(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 D

23. Signature F. F. Bechtold MD (M. D. or other) M. D.
Address 3867 Lafayette Ave Date signed 2-3-41

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 3722

P. O. Address 417 [illegible]

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

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