

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37988

State File No. \_\_\_\_\_

FILED DEC 11 1941

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether in this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. Randels No 1  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME VIRGINIA LORENE MENZ

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 12 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1 0 22 hr. min.

9. Birthplace Randels Mo 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Child

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

MOTHER FATHER

12. Name Martin J. Meny

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

14. Maiden name Elizabeth M. Gammuch

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

16. (a) Informant Martin J. Meny

(b) Address Randels Mo.

17. (a) Burial (b) Date thereof Nov. 5, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wells No

18. (a) Signature of funeral director Thurston Howell

(b) Address 536 Edw. Cape Girardeau

19. (a) 11-5-41 (b) J. H. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4  
year 41 hour 8:45 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10/15 to 11/4/41  
1941, that I last saw her alive on 11/4/41 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza meningitis Duration 3 wks.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 3.3b

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

By means of injury 0

23. Signature Chas J. Perbeck (M. D. or other) \_\_\_\_\_

Address Cape Girardeau State signed 11/5/41

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

824 Wood Hope

1014

(Licensed Embalmer's Statement of Reverse Side)

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, fact should be so stated above.**