

DEC 13 1941
Registration District No. 104

Primary Registration District No. (11)

Registrar's No. 2457

1. PLACE OF DEATH

(a) County MO. Rich's Hgts
(b) City or town Rich's Hgts
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST MARYS HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5176 RAYMOND AVE 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd
year 1941 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov 29th 1941 to Dec 2nd 1941
that I last saw him alive on Dec 2nd 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Ac. Peritonitis Perforated Carcinoma of Stomach Ch. Cardiovascular Renal disease
Due to _____
Due to Senility

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

Other conditions (include pregnancy within 3 months of death) 1/6 lbs
Major findings: Of operations _____

Of autopsy Ac. Peritonitis resulting from perforating Carcinoma of Stomach

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 Harold [unclear] (M. D. or other) _____
Address 2816 [unclear] Date signed 12/3/41

3. (a) PRINT FULL NAME GUSTAVE A. MENGER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FANNIE MENGER 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased JULY 10 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 22
If less than one day _____ hr. _____ min.

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

10. Usual occupation MUSICIAN

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN MENGER _____

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

14. Maiden name STARKE _____
15. Birthplace GERMANY _____
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Menger

(b) Address 5176 Raymond Ave.

17. (a) SHIP (b) Date thereof 12-5-41
(Special occasion, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PALMYRA MO

18. (a) Signature of funeral director L. M. Mullen

(b) Address 5165 DELMAR BLVD

19. (a) DEC 4 1941 (b) [unclear]
(Date received local registrar) (Registrar's signature)

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

26
8
3

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

A. G. Farris

Licensed Embalmer No.

3384

P. O. Address

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, fact should be so stated above.