

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

8959

2609

Registration District No.

Primary Registration District No.

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:  
5032 Devonshire Av.  
(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 Emma Menne

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, Widowed

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

7. Birth date of deceased: December 15 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>3</u>	<u>7</u>	hr. min.

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

10. Usual occupation At Home

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

12. Name William Krull  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jostes  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. Menne

(b) Address 5032 Devonshire Av.

17. (a) Burial (b) Date thereof Mar. 25, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director Rebhin-Benz

(b) Address 2842 Meramec St.

19. (a) APR 26 1942 (b) J. H. Fredrick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 14 and 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5032 Devonshire Av.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd  
year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 18, 1942 to March 22, 1942  
that I last saw him or alive on March 22, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Hypostatic Duration 2 days  
Due to Influenza

Due to \_\_\_\_\_  
Other conditions Bleeding  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations none  
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)  
(e) Means of injury \_\_\_\_\_  
23. Signature J. H. Fredrick (M. D. or other) \_\_\_\_\_  
Address 2842 Meramec St. Date signed 3/25/42

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

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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.....

*Loren E. Perry*

Licensed Embalmer No..... 4094

2842 Meramec St  
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, fact should be so stated above.**