

FILED MAR 31 1942

Registration District No. 184

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Mary's Hospital 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis 96
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL") 3
(d) Street No. 1137 Terrace Drive
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Theodore Menze

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

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Menze
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased November 4 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days 17
If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Musical Instrument

11. Industry or business Manufacturer

MOTHER FATHER { 12. Name Unknown 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. L. Flegle
(b) Address 11 Fair Oaks, Ladue, Missouri
17. (a) Burial (b) Date thereof 3/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Saint Peter's Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd at Concordia Lane

19. (a) MAP 2 21942 (b) E. G. McJannet
(Signature of Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from March 15
1942 to March 21 1942
that I last saw him alive on March 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Arteriosclerosis
Aortic stenosis
Due to Prostatic hypertrophy
Sensility (age 63)
Due to

Other conditions:
(Include pregnancy within 3 months of death) 97

Major findings:
Of operations
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 F. J. Pernaud (M. D. or other) D
Address 3115 South Grand Ave. Date signed 3/24/42

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

6
38

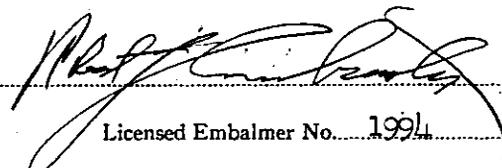
STATEMENT BY LICENSED EMBALMER

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. 1994

P. O. Address. Saint 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.