

FILED JUN 2 1947 91

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
1115 Aubert Ave.  
(If not in hospital or institution, write street number or location)

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

In this community.....

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. 1115 Aubert Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Emma Menke

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife Late Andrew Menke

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

7. Birth date of deceased May 11th 1870  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th  
year 1942 hour 11:55 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan 15 1940  
19..... to May 19 1942  
that I last saw h..... alive on May 19 1942  
and that death occurred on the date and hour stated above.

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

72 0 8 hr. min.

Immediate cause of death  
Chronic myocarditis

Due to.....

Due to.....

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

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Louis Volmer

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

14. Maiden name Louise Anderman

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

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Louis Wootan

(b) Address 1115 Aubert Ave.

17. (a) Burial New St. Marcus Cemetery  
(Burial, cremation, or removal)

(b) Date thereof 5-22-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Kriegshauser Mortuaries

18. (a) Signature of funeral director J. F. Prebeck

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 21 1945 (b) J. F. Prebeck  
(Date received local registrar) (Registrar's signature)

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 Barbara Belshy (M. D. or other) 0

Address 2739 79th ave Date signed 5/21/42

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

00  
17  
9

**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. 3024  
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.**