

**FILED JUN 4 1943 318**  
Registration District No. ....

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**2648a Osage Street/**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
**Life** (Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2648a Osage Street**  
(If rural, give location)  
(e) Citizen of foreign country? **--** (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Ida Mennemeyer**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **August H. Mennemeyer** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **December 7, 1864**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 5 9** hr. min.

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

10. Usual occupation **Home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Fred W. Keisker**  
13. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)  
14. Maiden name **Caroline Wienhoff**  
15. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant **August H. Mennemeyer**  
(b) Address **2648a Osage St.**

17. (a) **Burial** (b) Date thereof **5 19 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **New SS Peter & Paul**

18. (a) Signature of funeral director **Sticker, Hildebrand & Co.**  
(b) Address **3634 Gravois Avenue**

19. (a) **MAY 18 1943** (b) **J. J. Brudeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16**  
year **1943** hour **4** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Feb 26**, 19**43**, to **May 15**, 19**43**.  
that I last saw her alive on **May 15 1/43**, 19**43**,  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
**Chr. Myocarditis** 7  
**Chr. Essential Hypertension** 3

Due to.....  
Due to.....

Other conditions: **Hypertension** 1/2/1 ?  
(Include pregnancy within 6 months of death)

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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?  
**em.**

While at work?..... (Specify type of place)  
(e) Means of injury.....  
23. Signature **Ray J. Dehuster** (M. D. or other).....  
Address **4247 P. Grand Blvd** Date signed **5/17/43**

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

4227 So Grand  
163-748

844

OCT 27 1947

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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.....

*Frank J. [Signature]*

Licensed Embalmer No.....

*2675*

P. O. Address.....

*S. [Signature]*

**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.