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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1944

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16576

Registrar's No. 4829

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: Barnes Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 95

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 5709 Enright Ave. (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George A. Menkel

3. (b) If veteran, name war Spanish Am. War

3. (c) Social Security No. 494-10-1001

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mary H. Menkel

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct. 21, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	7	3	hr. min.

9. Birthplace Hamburg, N. Y. (City, town, or county) N. Y. (State or foreign country)

10. Usual occupation Proprietor

11. Industry or business Durlacque Mfg. Co.

FATHER 12. Name unknown

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

MOTHER 14. Maiden name unknown

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

16. (a) Informant Mary H. Menkel

(b) Address 5709 Enright Ave. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/26/44 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delman Blvd. St. Louis

19. (a) MAY 26 1944 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 24 Year 1944 hour 9:35 minute A M.

21. I hereby certify that I attended the deceased from MAY 20 1944 to MAY 24 1944 that I last saw him alive on May 24 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Thrombosis - coronary artery

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Myocardial infarction coronary artery

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. C. Abney (M. D. ~~or other~~)

Address Barnes Hospital Date signed 5/28/44

(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1944

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 Clarence H. Mur

Licensed Embalmer No. 4011

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.