S. No. 2
1—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39612

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10819

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

(d) Length of stay: In hospital or institution 21 days. (Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

(c) City or town Belleville
(If outside city or town limits, write "RURAL")

(d) Street No. Lincoln Hotel
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME GEORGE F. MENGES

3. (b) If veteran, name war World#2

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margie Menges

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased October 10, 1906
(Month) (Day) (Year)

8. AGE: Years 38 Months 2 Days 8 If less than one day hr. min.

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

10. Usual occupation Chemical Worker

11. Industry or business Monsanto Chem. Co.

FATHER
12. Name George W. Menges
13. Birthplace Belleville, Ill.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Delilah Bailey
15. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margie Menges
(b) Address Belleville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/19/44
(Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director Ted Gaudner
(b) Address Belleville, Ill.

19. (a) DEC 19 1944 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1944 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov 21, 1944 to Dec 15, 1944;
that I last saw him alive on Dec 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Ulcerative Colitis with Perforation of Ecum and Peritonitis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations → Ulcerative Colitis
Of autopsy - Ulcerative Colitis - Perforated - multiple abscesses in Peritoneal Cavity

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 J. W. Thompson Jr. (M. D. or other)

Address 4952 Maryland Date signed 12-19-44

J. W. Thomeson

(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1942

MAY 28 1942

OCT 1 1945

APR 17 1945

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.

Body not embalmed.

Signed.....

Licensed Embalmer No.....

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.