S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29244

FILED SEP 21 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8123

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:
City Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Hrs. (Specify whether
In this community 51 yrs-6 mos-10 das
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town Overland, Mo. 13
(If outside city or town limits, write "RURAL")
(d) Street No. 10306 Driver Ave Overland Mo.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter Menge

3. (b) If veteran, name war no

3. (c) Social Security No. 498-07-7358

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Leone Menge

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Mar. 5, 1894 (Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 10 If less than one day hr. min.

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

10. Usual occupation Dry Cleaner

11. Industry or business

MOTHER FATHER

12. Name Bernard Menge

13. Birthplace New Orleans (City, town, or county) / (State or foreign country)

14. Maiden name Louise Seman

15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Leona Menge Mo.

(b) Address 10306 Driver Ave-Overland,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-19-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) SEP 13 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15 year 1945 hour 4 minute p M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull; Extradural Hemorrhage of Brain; when the automobile he was driving was struck by an automobile driven by one Oliver Muskopf at the intersection of Compton and Pine St. around 6:45 A.M. Sept. 15, 1945, while enroute to the hospital the police patrol driven by one Vern Richart collided with an automobile driven by one Clifford Draws at the intersection of 20th & Pine Strs. (Duration)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations CRIMINAL CARLESSNESS ON THE PART OF OLIVER MUSKOPF AND CLIFFORD DRAWS; WHETHER DEATH WAS DUE TO INJURIES RECEIVED IN THE FIRST ACCIDENT OR AS A RESULT OF THE SECOND ACCIDENT COULD NOT BE DETERMINED

Of autopsy

(Physician underline whether death was solely or partly caused by injuries sustained in industrially.)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence Sept. 15, 1945

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Patrick E. Taylor (M. D. or other)

Address Deputy Coroner Date signed 9-18-45

(Licensed Embalmer's Statement on Reverse Side)

Re 3348

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 John Olgonski

Licensed Embalmer No. 3398

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.