

FILED MAY 16 1948 **STANDARD CERTIFICATE OF DEATH**

State File No. **18703**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4057**

1. PLACE OF DEATH:

(a) County ST. LOUIS, MISSOURI
(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: ST. LOUIS CITY HOSP. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 DAYS
(Specify whether
In this community 39 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3805 S. KINGS HIGHWAY
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MENSIE, KATHERINE

MEDICAL CERTIFICATION

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month MAY day 8 ND
year 1946 hour 4 minute 35 P.M.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JAMES MENSIE
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased OCT 8 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from APRIL 16, 46
1946 to MAY 8 1946
that I last saw her alive on MAY 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death RESPIRATORY FAILURE
Duration _____

8. AGE: Years 40 Months 6 Days 24
If less than one day _____ hr. _____ min.

Due to TUBERCULOUS MENINGITIS
Due to PULMONARY T.B. FARADU.

9. Birthplace ILLINOIS
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE

Other conditions DIABETIS MELLITIS
(Includes pregnancy within 3 months of death)

11. Industry or business _____
12. Name JOHN MAKER
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name MARY
15. Birthplace _____ (City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant JAMES MENSIE
(b) Address 3805 S. KINGS HIGHWAY
17. (a) BURIAL (b) Date thereof 6/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation N. SS. PETER & PAUL
18. (a) Signature of funeral director Macher - Welder
(b) Address 3634 Harris Ave.
19. (a) MAY 4 1948 (b) J. B. Bredenk
(Date received from registrar) (Registrar's signature)

While at work? _____ (Specify type of place) Means of injury _____
23. Signature E. H. Brown, M.D.
Address 1515 Lafayette Date signed 2 MAY 48

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

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..... *James H. [Signature]*
Licensed Embalmer No... *2645*
P. O. Address... *[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.