

No. 2
12-45
17-39
X47070

FILED OCT 28 1946

State File No. 0

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 3125

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Oct. 21, 1946
(Specify whether years, months or days)

In this community 55 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MENZEL, William H.

3. (b) If veteran, name war World I

3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Helen

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 9, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>3</u>	<u>12</u>	hr. min.

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

10. Usual occupation Clerk

11. Industry or business

12. Name Henry Albert Menzel

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

14. Maiden name Bridget Cavanaugh
(City, town, or county) (State or foreign country)

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

16. (a) Informant Registrar, Vet. Adm. Hosp.,

(b) Address Jefferson Barracks 23, Missouri

17. (a) Burial (b) Date thereof Oct. 25, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address St. Louis, Missouri 7814 S. Broadway

19. (a) 10-24-46 (b) Ruth J. Allen M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 7166 Wellington Court,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21,
year 1946 hour 3:15 minute A M.

21. I hereby certify that I attended the deceased from 2:30 AM October 21, 1946, 1946, to 3:15 AM Oct. 21, 1946; that I last saw him alive on October 21, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL VASCULAR ACCIDENT, HYPERTENSION, HEMIPLEGIA LEFT

Duration UNK.

Due to

Due to

Other conditions NEPHRITIS, CHRONIC UNK.
(Include pregnancy within 3 months of death)

Major findings: No Operation

Of operations

Of autopsy No 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) No

(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?

While at work? L. E. Stilwell (Specify type of place) (Means of injury)

23. Signature L. E. STILWELL, M.D. (M. D. or other)

Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 10-21-46

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 Louis C. Hoffmeister
Licensed Embalmer No. 3871
P. O. Address 7814 S Broad

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.