

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41083

FILED JAN 7 1947

Registration District No. 161

Primary Registration District No. 6594 5594

Registrar's No. 42

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL - MERAMEE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 MONTHS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN MENZ
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOSEPHINE WOMBACHER
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased OCTOBER 6 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 21 hr. min.

9. Birthplace ST. LOUIS COUNTY - Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

12. Name CONRAD MENZ

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

14. Maiden name ELIZABETH FUCHS

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

16. (a) Informant Brother Reich, 10 S. 5.

(b) Address St. Joseph's Hill Infirmary

17. (a) Burial (b) Date thereof 12-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter

18. (a) Signature of funeral director Louis H. Baggeluc

(b) Address 131 W. Persimmon Dr. Kirkwood

19. (a) Dec 28, 1946 (b) Mrs. J. & Nuekels
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 424 W. Essex
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27 TH.
year 1946 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from April 30, 1946, to December 24, 1946, that I last saw him alive on December 24, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDITIS Duration

Due to ADENOCARCINOMA OF STOMACH

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) M.D.

Address 3195 No. Vandeventer Date signed 12/27/46

144 (Licensed Embalmer's Statement on Reverse Side) St. Louis, Mo.

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

35036

RECEIVED
District Health Officer No. 9,
District File Number 1-2-47
Date Filed

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 Felix Howard
Licensed Embalmer No. 3034
P. O. Address Kirkwood (22) Mo

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.