

Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution 2 wks
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren 109
(c) City or town Rural
(d) Street No. 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Philippine Maenkemum

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

4. Sex F. I. 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Henry Maenkemum 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 23 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 4 2 hr. min.

9. Birthplace St. Louis Mo (State or foreign country)

10. Usual occupation Retired Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Lena Meyer
(b) Address Wright City Mo

17. (a) burial (b) Date interred 5/26/47
(c) Place: burial or cremation St. Joseph Cemetery

18. (a) Signature of funeral director Wright City Mo
(b) Address Wright City Mo

19. (a) May 29 1947 (b) Harriet Hammett
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 23
year 47 hour 2:30 minute 0 A. M.
21. I hereby certify that I attended the deceased from Nov 2 1946, to May 1947;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 1 yr +

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 83 B
Of autopsy _____

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 0

23. Signature Raymond A. Hays (M. D. or other) _____
Address Wright City Mo Date signed 5-23-47

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

RECEIVED
DISTRICT HEALTH DEPARTMENT
DATE FILED
JUN 4 1947

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, *at* by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Julius J. Niebur*
Licensed Embalmer No. *3360*
P. O. Address *Wright City 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.