V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25840

FILED JUL 21 1947

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 6503

1224

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

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 72 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")
(d) Street No. 1810 r Cass Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? 21 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. August Mentrup
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife late Paulian Mentrup
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 15th (Day) 1865 (Year)

8. AGE: Years 81 Months 9 Days 22 If less than one day br. min.
9. Birthplace (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER
12. Name Anton Mentrup
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Mrs. J. N. Sehnert
(b) Address 2 Spring Ave. - Florissant, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem. East St. Louis
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) JUL 9 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7th. year 1947 hour 8 minute 15 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 Coronary Thrombosis — Duration
Due to
Due to 94a
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place) 3
While at work? (e) Means of injury
23. Signature Patrick E Taylor (M. D. or other) Dep Cor
Address 1300 Clark Date signed 7-9-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.