

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43281

State File No. 04817

BIRTH NO. REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 6076 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Manchester</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>1.5 yrs-3 Mo</u>		d. STREET ADDRESS (If rural, give location) <u>5176 RAYMOND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u>	b. (Middle) <u>E</u>	c. (Last) <u>MENGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-49</u>
---	----------------------	-------------------------	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>6-8-1899</u>	9. AGE (In years last birthday) <u>50</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
----------------------	-------------------------------	---	----------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>PALMYRA, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
--	---	--	--

13a. FATHER'S NAME <u>CHRIST FLITNER</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>GUSTAVE A. MENGER</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Evelyn Buchroeder</u>	ADDRESS <u>7447 Harter</u>
---	-------------------------------------	--	----------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>		DUE TO (b) <u>Seuil arteriosclerosis</u>		?
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4221</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>422.1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Feb, 1946, to Dec 29, 1949, that I last saw the deceased alive on Dec 28, 1949, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Penny</u>	(Degree or title)	23b. ADDRESS <u>Creve Coeur, Mo</u>	23c. DATE SIGNED <u>12-30-49</u>
--------------------------------	-------------------	-------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>1-1-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PALMYRA CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>PALMYRA, MO</u>
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. <u>12-30-49</u>	REGISTRAR'S SIGNATURE <u>Robert R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Miller</u>	ADDRESS <u>5165 Delmar Bl</u>
--	--	---	-------------------------------

(Licensed Embalmer's Statement on Form 300)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed H. N. Harris

Licensed Embalmer No.

P. O. Address 3384

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.