U.S. No. 300
REV. 10-48

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11511

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 814

1000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Manchester
c. LENGTH OF STAY (in this place): 1 day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MANCHESTER NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St. Clair 8150
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt. #1, SugarLoaf T.
d. STREET ADDRESS (If rural, give location): East Carondelet, Illinois Rural Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) A c. (Last) Mense

4. DATE OF DEATH (Month) 3 (Day) 27 (Year) 1950

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 11/16/1873
9. AGE (In years last birthday): 76 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own truck farm
11. BIRTHPLACE (State or foreign country): Old Monroe, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Benard Mense
13b. MOTHER'S MAIDEN NAME: **********
14. NAME OF HUSBAND OR WIFE: Mary Mense nee Sommers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: *********
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: H A Eggering 9014 Argyle ave. Overland Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBROVASCULAR ACCIDENT, — INTERVAL BETWEEN ONSET AND DEATH: 6 1/2 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS, CEREBRAL AND GENERALIZED — UNKNOWN
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MARCH 21, 1950, *to* MARCH 27, 1950, *that I last saw the deceased alive on* MARCH 27, 1950, *and that death occurred at* 10.30 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond F. Rose, M.D.
23b. ADDRESS: Dupo, Illinois
23c. DATE SIGNED: 3/28/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/30/50
24c. NAME OF CEMETERY OR CREMATORY: Immaculate Conception
24d. LOCATION (City, town, or county) (State): Columbia, Monroe Co. Ill

DATE REC'D BY LOCAL REG.: 3-29-50
REGISTRAR'S SIGNATURE: Herbert R. Wombe, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Josephine Schmidt 301 N. Second St. Columbia, Illinoi

(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 Me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Ben H Baldwin

Licensed Embalmer No. 2420

P. O. Address E. St Louis Ill

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.