

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15683

BIRTH NO. _____		REG. DIST. NO. 362		PRIMARY REG. DIST. NO. 4531		Registrar's No. 32		
1. PLACE OF DEATH a. COUNTY' Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Warren				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. LENGTH OF STAY (In this place) 9 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		1090		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Katie Jane Memorial Home				d. STREET ADDRESS (If rural, give location) Katie Jane Memorial Home				
3. NAME OF DECEASED (Type or Print) Gustave A. Mentzel			a. (First)			b. (Middle)		
c. (Last) Mentzel			4. DATE OF DEATH April 12 1950			(Month) (Day) (Year)		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 21 1868		
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer (retired)		10b. KIND OF BUSINESS OR INDUSTRY Greeley Printing St. Louis		11. BIRTHPLACE (State or foreign country) St. Charles, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Gustave Mentzel		13b. MOTHER'S MAIDEN NAME Minnie ?? (unknown)		14. NAME OF HUSBAND OR WIFE Lydia (Kuester) Mentzel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred G. Mentzel (son) St. Charles, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Enter - enterates acute case indeterminate (b) Malaria secondary to above (c) Pulmonary bilateral hepatitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malaria secondary to above 10 days DUE TO (c) Pulmonary bilateral hepatitis 4 days				INTERVAL BETWEEN ONSET AND DEATH 2 weeks		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 2/12/49, 1949, to 4/12, 1950, that I last saw the deceased alive on 4/11/50, 1950, and that death occurred at 11:45 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Harold D. Hoehner M.D.				23b. ADDRESS Warrenton Mo.		23c. DATE SIGNED 4-12-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 15-1950		24c. NAME OF CEMETERY (German) Westerkuehler (Methodist)		24d. LOCATION (City, town, or county) (State) St. Charles Co., Mo.		
DATE REC'D BY LOCAL REG. 4-14-50		REGISTRAR'S SIGNATURE 421 Floyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.C. Dallmeyer + Sons Co. 800 N. 2nd - St. Charles, Mo.				

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

RECEIVED
APR 20 1950
District Health Officer No. 9,
District File Number

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 4189

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph I Landolt

Licensed Embalmer No. 4189

P. O. Address St Charles 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.