

FILED JUL 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural St. Charles		c. LENGTH OF STAY (In this place) 9 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Evangelical Emmaus Home		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles 0923	
		d. STREET ADDRESS (If rural, give location) 421 Houston Street	

3. NAME OF DECEASED (Type or Print)	a. (First) MARIA	b. (Middle) LYDIA	c. (Last) MENTZEL	4. DATE OF DEATH (Month) (Day) (Year) June 23 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 25, 1880	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours	12. UNDER 2 HRS. Mtn.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home duties	11. BIRTHPLACE (State or foreign country) New Melle, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Fred Kuester	13b. MOTHER'S MAIDEN NAME Marie Meier	14. NAME OF HUSBAND OR WIFE Gustave A. Mentzel	dec'd 4-12-50
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) NIL	17. INFORMANT'S SIGNATURE OR NAME Fred G. Mentzel (son)	ADDRESS St. Charles, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Asthma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spastic Paralysis DUE TO (c) Brain tumor?		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Desubiti		9 yrs. (supp report) 9 yrs.?	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP); (COUNTY); (STATE)
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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?
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22. I hereby certify that I attended the deceased from Jan 1, 1950, to June 23, 1950, that I last saw the deceased alive on 21st, 1950, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE Dr. Erich Schulz M.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 6/25/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 26-1950	24c. NAME OF CEMETERY Westerkuehler Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles Co., Mo.
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DATE RECD BY LOCAL REG. 6-27-50	REGISTRAR'S SIGNATURE Harry P. Howlett	25. FUNERAL DIRECTOR'S SIGNATURE H.C. Hallmeyer & Sons Co	ADDRESS 800 N. 2nd - St. Charles, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

RECEIVED JUL 5 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Herbert G. Ballmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.