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

FILED AUG 10 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25058

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6529

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

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2159
d. STREET ADDRESS (If rural, give location): 3117 Mt. Pleasant

**3. NAME OF DECEASED** (Type or Print)
a. (First): Albert
b. (Middle): M.
c. (Last): Menzi

**4. DATE OF DEATH** (Month) (Day) (Year): July 29 1950

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: June 10 1892
**9. AGE** (In years last birthday): 58 — 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): Lawyer
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country): Highland Ill
**12. CITIZEN OF WHAT COUNTRY?**
**13a. FATHER'S NAME**: John Menzi
**13b. MOTHER'S MAIDEN NAME**: Anna Grebb
**14. NAME OF HUSBAND OR WIFE**: Hilda Menzi
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): World War I
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Hilda Menzi 3117 Mt. Pleasant

**MEDICAL CERTIFICATION**

**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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas with pulmonary metastasis; Sodium pentothal anesthesia; while under

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) going operation to remove a lump
DUE TO (c) his neck, for diagnostic

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death* purpose and to relieve discomfort Deaconess Hosp. July 29 1950

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** Death 1130 am
**20. AUTOPSY?** YES [V] NO [ ]

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?** 157X

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 11 AM m., from the causes and on the date stated above.*

**23a. SIGNATURE** Patrick E. Taylor (Degree or title) Coroner
**23b. ADDRESS** 1300 Clark
**23c. DATE SIGNED** 7-31-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 8-2-50
**24c. NAME OF CEMETERY OR CREMATORY**: Old St. Marcus Cem.
**24d. LOCATION** (City, town, or county) (State): St. Louis

DATE REC'D BY LOCAL REG. JUL 31 1950
REGISTRAR'S SIGNATURE: J. B. Sasalen
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Wm. Schumacher 3013 Meramec St.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Francis Williamson

Signed.....
Student Embalmer

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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.