

FILED DEC 1 1950
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THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 38834
 Registrar's No. 9907

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|---|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | |
| 1. PLACE OF DEATH a. COUNTY Missouri | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | c. LENGTH OF STAY (in this place) _____ | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2139 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. | | | d. STREET ADDRESS (If rural, give location) 4424a Virginia Ave. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) AMANDA | | b. (Middle) _____ | | c. (Last) MENKE | |
| 4. DATE OF DEATH (Month) (Day) (Year) Nov. 20th, 1950 | | | | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow | 8. DATE OF BIRTH Dec. 29, 1975 | | 9. AGE (In years last birthday) 74 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) Berger, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Carl Nismeyer | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Frank Menke | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME Freda Menke, 4424a Virginia Ave. | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage (Spont.) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerotic cardiovascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 443X | |
| 22. I hereby certify that I attended the deceased from 10/5/50 to 11/20/50 , 19____, that I last saw the deceased alive on 11/20/50 , 19____, and that death occurred at 6:45am , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE John R. Beem, M.D. | | | 23b. ADDRESS 1515 Lafayette Ave., | | 23c. DATE SIGNED 11/20/50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 11-21-50 | 24c. NAME OF CEMETERY OR CREMATORY Evangelical | | 24d. LOCATION (City, town, or county) (State) New Haven, Mo. |
| DATE REC'D BY LOCAL REG. NOV 21 1950 | | REGISTRAR'S SIGNATURE J. B. Carter | | 25. FUNERAL DIRECTOR'S SIGNATURE Blumer Funeral Home Berger, Mo. | |

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Elton R. Penelino

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.