

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

State File No. **35809**

FILED NOV 8 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 3542

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>	
c. LENGTH OF STAY (in this place) <u>13 years</u>		d. STREET ADDRESS (If rural, give location) <u>6822 Raymond Avenue.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6822 Raymond Avenue.</u>		d. STREET ADDRESS (If rural, give location) <u>6822 Raymond Avenue.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MENGA</u>	b. (Middle) <u>RISCH</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29, 1951</u>
---	-------------------------	--------------------------	-----------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 26, 1858</u>	9. AGE (In years last birthday) <u>93</u>	10. MONTHS <u>1</u>	10. DAYS <u>1</u>	10. HOURS <u>1</u>	10. MIN.
--------------------------------	---	---	--	--	----------------------------	--------------------------	---------------------------	-----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Woltensburg Switzerland</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Alexander Brunnor</u>	13b. MOTHER'S MAIDEN NAME <u>Ursula Pfister</u>	14. NAME OF HUSBAND OR WIFE <u>Max Risch</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Olga Luder, 6822 Raymond Avenue</u>	17. ADDRESS
--	---	---	--------------------

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 <u>6 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Thrombosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arterio sclerosis</u> DUE TO (b) DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) <u>332X</u>
---	---	---

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?
---	---	-----------------------------------

22. I hereby certify that I attended the deceased from Oct 23, 1951, to Oct 29, 1951, that I last saw the deceased alive on Oct 28, 1951, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Kleinschmidt</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>508 N Grand Ave</u>	23c. DATE SIGNED <u>10/30/51</u>
---	-------------------------------	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 1, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>
---	--	---	---

DATE REC'D BY LOCAL REG. <u>10-30-51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dammke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shepard Funeral Home, 1167 Hamilton Ave.</u>	25. ADDRESS
--	---	--	--------------------

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

No. 300
10-48

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 *John J. Harris* _____

Licensed Embalmer No. *4108* _____

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.