

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

6076 State File No. 11249

FILED MAR 19 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2007 Registrar's No. 343

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4356	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shamrock Nursing Home		d. STREET ADDRESS (If rural, give location) 7529 Melrose Ave., 1	

3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) Henry c. (Last) MENZEL			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 1, 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bricklayer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis Mo.	
13a. FATHER'S NAME August Menzel			13b. MOTHER'S MAIDEN NAME Johanna Becker		14. NAME OF HUSBAND OR WIFE Florence Menzel Dec.

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. 489-16-6031		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Menzel 7529 Melrose Ave.,	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN UNKNOWN
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Gen'l Arteriosclerosis		
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)	
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 10-20, 1951, to 2-5, 1952, that I last saw the deceased alive on 2-5-52, 19, and that death occurred at 7:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE Jameson Sicha		23b. ADDRESS D.O. 6701 Lotus Ave		23c. DATE SIGNED 2-6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 7, 1952		24c. NAME OF CEMETERY OR CREMATORY Dryden Cem.,	
				24d. LOCATION (City, town, or county) (State) Scheller, Ill.	

DATE REC'D BY LOCAL REG. 1/6/52		REGISTRAR'S SIGNATURE Herbert W. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ave.,	
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Dr. James Hicks

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

John J. Davis

Signed.....
Student Embalmer

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.