

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12005

State File No. ....

2630

BIRTH MAR 31 1953

REG. DIST. NO. 218

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis, Mo.</u> )		c. LENGTH OF STAY (in this place) <u>5 Days</u>		c. CITY OR TOWN <u>St. Louis, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Luthern Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>22 2018a Hickory</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Martha</u>		b. (Middle) <u>Anna</u>	
		c. (Last) <u>Menser</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>March 12, 1893</u>		9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR <u>11</u> Months <u>12</u> Days	
IF UNDER 24 HRS. Hours 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>Own Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Marion Ferguson</u>		13b. MOTHER'S MAIDEN NAME <u>Lizza LaBrott</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Menser</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>Henry Menser</u> ADDRESS <u>2018a Hickory, St. Louis, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulated umbilical hernia</u>		DUE TO (b) _____			<u>4 days</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Degenerative heart disease</u>					<u>3 years</u>
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5602</u>	
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>50</u> , to <u>March 6, 1953</u> , that I last saw the deceased alive on <u>March 6, 1953</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>R. A. Nuschman MD</u> (Degree or title)		23b. ADDRESS <u>3701 Grand St</u>		23c. DATE SIGNED <u>3-7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-9-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crossroads Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Farmington, Missouri</u>			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 10 1953</u> <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlins, 2301 Lafayette, St. Louis, Mo.</u>			

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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.....  
Signature of Student Embalmer

Signed *James R. Chapman*.....  
Licensed Embalmer No. *455*.....  
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.