No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40862

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10508

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

1. PLACE OF DEATH
a. COUNTY ~~Mo~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis,
c. LENGTH OF STAY (in this place) 15
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4262a Michigan Ave.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2159
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, 0
d. STREET ADDRESS (If rural, give location) 4262a Michigan Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First) Theresa
b. (Middle) M.
c. (Last) Mengel,

4. DATE OF DEATH (Month) (Day) (Year) November 3, 1953

5. SEX Female,
6. COLOR OR RACE White,
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,
8. DATE OF BIRTH February 19, 1896
9. AGE (In years last birthday) 57 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home,
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri, 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John J. Foley,
13b. MOTHER'S MAIDEN NAME Mary Walsh,
14. NAME OF HUSBAND OR WIFE Raymond J. Mengel,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ------
17. INFORMANT'S SIGNATURE OR NAME Raymond J. Mengel, ADDRESS 4262a Michigan 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH 4 mo +

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteries Sclerosis — 4 mo +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Osteo arthritis — 15 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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? 4221

22. *I hereby certify that I attended the deceased from* July 1st, 1953, *to* Nov 3rd, 1953, *that I last saw the deceased alive on* Nov 3, 1953, *and that death occurred at* 3:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Herbert P. Smith (Degree or title) MSO
23b. ADDRESS 5203 Chippewa
23c. DATE SIGNED 11/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,
24b. DATE 11/7/53
24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery,
24d. LOCATION (City, town, or county) (State) LeMay, Mo.

DATE REC'D BY LOCAL REG. NOV 5 1953
REGISTRAR'S SIGNATURE J Earl Smith Md
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary, ADDRESS 2842 Meramec St. ~~St. Louis, 18, Mo.~~

(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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Joe B. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, 18, 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.