

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29098

State File No.

7527

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1008		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				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 OR TOWN ST. LOUIS)		c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 16 3940 Juniata Street				21670	
3. NAME OF DECEASED (Type or Print) a. (First) BERNARD			b. (Middle) GEORGE			c. (Last) MENKE			
4. DATE OF DEATH (Month) (Day) (Year) AUGUST 12, 1954			5. SEX Male			6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Sept. 19, 1882			9. AGE (In years last birthday) 71			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Carpenter			10b. KIND OF BUSINESS OR INDUSTRY E.G. David Moving Co.,			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Bernard Menke			13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Mary E. Wilson 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. Unknown			
17. INFORMANT'S SIGNATURE OR NAME Mary Ellen Menke-			ADDRESS 3940 Juniata St.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident			INTERVAL BETWEEN ONSET AND DEATH _____			II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			DUE TO (b) Essential Hypertension			
DUE TO (c) _____			DUE TO (c) _____			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 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) 331X		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 8-10-54 , 19____, to 8-12-54 , 19____, that I last saw the deceased alive on 8-12-54 , 19____, and that death occurred at 10:02 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) William J. Steyer M.D.			23b. ADDRESS 1515 Lafayette Avenue			23c. DATE SIGNED 8-13-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug. 16, 1954		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE RECD BY LOCAL REG. AUG 14 1954		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldarle		ADDRESS 3634 Gravois Ave.			

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

5. 10. (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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert C. Wheeler*.....

Licensed Embalmer No. *212*.....

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