

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9244  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 309 PRIMARY REG. DIST. NO. 6050 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>ST. CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST ALTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEST ALTON</u> <u>0920</u>	
c. LENGTH OF STAY (in this place) <u>18 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRISTINE</u> b. (Middle) <u>W.</u> c. (Last) <u>MENNEMEIER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 20, 1955</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>OCT. 7, 1898</u>
9. AGE (In years last birthday) <u>56</u>	10. MONTHS <u>5</u>	11. DAYS <u>13</u>	12. HOURS <u></u> MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE KEEPER</u>	
11. BIRTHPLACE (State or foreign country) <u>OLD MONROE, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BEN MENNEMEIER</u>		13b. MOTHER'S MAIDEN NAME <u>SOPHIE KAMPMEN</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>R. Ed. Mennemeier</u>		ADDRESS <u>WEST ALTON, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Dehilitation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u>	
ANTECEDENT CAUSES <u>Multiple Valvular Regurgitations</u>		DUE TO (b) <u>15 years</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Meningeal Infection</u> <u>15 yrs -</u>	
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"/>		<u>3254</u>	
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?			
22. I hereby certify that I attended the deceased from <u>Jan. 1940</u> , to <u>March 19, 1955</u> , that I last saw the deceased alive on <u>March 19, 55</u> , and that death occurred at <u>home</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. A. Baird, M.D.</u>		23b. ADDRESS <u>Fortage Newburg</u>	
23c. DATE SIGNED <u>3/21/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 23 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>EBENEZER CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WEST ALTON, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Mar 23 1955</u>		REGISTRAR'S SIGNATURE <u>Thomas J. Burkhafer</u> <u>366</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Burkhafer</u>		ADDRESS <u>Alton, Ill.</u>	

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

**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.

Signed \_\_\_\_\_

*Thomas J. Burke Jr.*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4968

P. O. Address 727 LANGDON, ALTON,

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.