

## STANDARD CERTIFICATE OF DEATH

State File No. **13668**  
Registrar's No. **3752**

FILED MAY 13 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO.

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission.) a. STATE <b>ILLINOIS</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (If this place) <b>4 Days</b>	c. CITY OR TOWN <b>O'Fallon</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FIRMIN Deshobe</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <b>HENRY</b>		b. (Middle) <b>J.</b>	c. (Last) <b>MENSING</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>4 27 55</b>		5. SEX <b>MALE</b>	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>MAR. 1 - 1898</b>		9. AGE (In years last birthday) <b>57</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MOLDER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FOUNDRY</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>CLINTON COUNTY, ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>HENRY MENSING</b>		13b. MOTHER'S MAIDEN NAME <b>ANN GERKEN</b>	
14. NAME OF HUSBAND OR WIFE <b>ANN MENSING</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>341-10-7707</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ann Gerken Mensing</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>NEURO FIBRO SARCOMA</b>		ADDRESS <b>O'Fallon</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>193X</b>		22. I hereby certify that I attended the deceased from <b>4-23</b> , 19 <b>55</b> , to <b>4-27</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>4-26</b> , 19 <b>55</b> , and that death occurred at <b>3:05 A</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Russell Weber, M.D.</b>		23b. ADDRESS <b>1215 Moorland Dr</b>	
23c. DATE SIGNED <b>4-27-55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>4-27-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>O'Fallon, Ill</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith M.D. Wolfenberger</b>	
DATE REC'D BY LOCAL REG. <b>APR 27 1955</b>		REGISTRAR'S SIGNATURE <b>WMS</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Carl Smith M.D. Wolfenberger</b>		ADDRESS <b>O'Fallon Ill</b>	

(Licensed Embalmer's Statement on Reverse Side)

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..

Student.....  
Signature of Student Embalmer

Signed *Kenn Prohoff*.....

Licensed Embalmer No. *43*.....

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.