

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39321

State File No.

FILED NOV 29 1955

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 500 Registrar's No. 26820

1. PLACE OF DEATH: a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MANCHESTER</u>	c. LENGTH OF STAY (in this place) <u>45 day</u>	c. CITY OR TOWN <u>Washington</u>	d. Is 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 <u>MANCHESTER NUR. HOME</u>		STREET ADDRESS (If rural, give location) <u>521 So Elm St. 0307</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THEODORE</u> b. (Middle) <u>HENRY</u> c. (Last) <u>MENKE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-15-1955</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>6-8-1869</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clark Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HENRY MENKE</u>	13b. MOTHER'S MAIDEN NAME <u>Johanna FLEER</u>	14. NAME OF HUSBAND OR WIFE <u>LILLIE MENKE</u>
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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 AND ADDRESS <u>Mrs. Lawrence Mauley 727 Lanham</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u>			<u>?</u>
	DUE TO (c) <u>SENILITY</u>			<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC NEPHRITIS</u>		<u>?</u>		

19a. DATE OF OPERATION <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u> <u> </u> <u> </u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>
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22. I hereby certify that I attended the deceased from Oct. 1, 1953 to Nov. 15, 1953, that I last saw the deceased alive on Nov. 15, 1953, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. R. Loving, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Ballwin Mo.</u>	23c. DATE SIGNED <u>11-15-55</u>
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24a. DATE OF BURIAL <u>11-18-55</u>	24b. TIME OF BURIAL <u> </u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>BERGER, MO</u>
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DATE REC'D BY LOCAL REG. <u>11-15-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dornick, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Paul H. Blinner, Berger Mo</u>
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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.....

Licensed Embalmer No. 365

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.