No. 300
10.48

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

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3183

BIRTH NO. _____ REG. DIST. NO. 817 PRIMARY REG. DIST. NO. 541 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 8-hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood 4649 0
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 10341 Manchester Road

3. NAME OF DECEASED (Type or Print): a. (First) ADELE b. (Middle) E. c. (Last) MENGES

4. DATE OF DEATH (Month) 1 (Day) 1 (Year) 56

5. SEX: F. **6. COLOR OR RACE**: W. **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): W. **8. DATE OF BIRTH**: Jan. 6, 1878 **9. AGE** (In years last birthday): 77 IF UNDER 1 YEAR: Months 0 Days 25 IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-[redacted] **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: Thomas S. Noonan **13b. MOTHER'S MAIDEN NAME**: Josephine Boise **14. NAME OF HUSBAND OR WIFE**: Harry W. Menges

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.**: none **17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs. E. F. Card, 3822 Connecticut Street

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) Cerebro Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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** 331X **20. AUTOPSY?** YES [ ] NO [X]

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?**

22. *I hereby certify that I attended the deceased from* 1-1, 1956, *to* 1-1, 1956, *that I last saw the deceased alive on* 1-1, 1956, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William H. Bain M.D. **23b. ADDRESS**: Clayton 601 S. Brentwood **23c. DATE SIGNED**

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal **24b. DATE**: Jan. 4, 1955 **24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery **24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: 1-3-56 **REGISTRAR'S SIGNATURE**: Herbert R. Doerle M.D. **FUNERAL DIRECTOR'S SIGNATURE**: Arthur J. Donnelly **ADDRESS**: 3840 Lindell Blvd.

(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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Francis Williamson

Licensed Embalmer No..356

P. O. Address 384 Lin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.