

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11139**BIRTH NO. **17269-56** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2401**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place) 2 days		c. CITY OR TOWN Rolla	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) William Kenneth Mengel Jr.		4. DATE OF DEATH March 6 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH March 2-1956		9. AGE (In years last birthday) 4		10. IF OTHER: YEAR 4 MONTHS 0 DAYS 0 HOURS 0 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Rolla, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Kenneth Mengel		13b. MOTHER'S MAIDEN NAME Nancy Miller	
14. NAME OF HUSBAND OR WIFE None		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. None	
17. INFORMANT'S SIGNATURE OR NAME Luce Davis St. Louis Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Aspiration - Aspiration		19. INTERVAL BETWEEN ONSET AND DEATH 2 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration - Aspiration		ANTECEDENT CAUSES Tracheo-Esophageal Fistula			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tracheo-esophageal fistula			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Proximal atresia, Siderof Hematoma			
19a. DATE OF OPERATION March 6, 1956		19b. MAJOR FINDINGS OF OPERATION Atresia of terminal duodenum		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)		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 3-5 1956 , to 3-6 1956 , that I last saw the deceased alive on 3-6-56, 1956 , and that death occurred at 7:30 p. m. , from the causes and on the date stated above.					
23a. SIGNATURE Luce J. Vietri MD		(Degree or title) Childrens Hospital		23b. ADDRESS 3-7-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-7-56		24c. NAME OF CEMETERY OR CREMATORY Rolla, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	
DATE REC'D BY LOCAL REG. MAR 7 1956		REGISTRAR'S SIGNATURE Carl Smith MD		(Licensed Embalmer's Statement on Reverse Side)	

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

300
48

400, 0111 - 1105, PM

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.

P. O. Address.....

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