

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007563

STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar No. **2081**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital				Length of stay in lb 2 weeks		STREET ADDRESS (If outside, give location) 6047 Westminister	
3. NAME OF DECEASED (Type or print) First Joseph Middle Camden Last Menke				4. DATE OF DEATH Month Feb. Day 19th. Year 1958			
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 28th. 1909	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) shipping foreman				10b. KIND OF BUSINESS OR INDUSTRY Hamilton Shoe Co.		11. BIRTHPLACE (City and state or country) St. Louis Missouri	
13. FATHER'S NAME Andrew Menke				14. MOTHER'S MAIDEN NAME Emma Volmer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. 492-09-0487		17. INFORMANT Address Mrs. Ipa Belle Menke 6047 Westminister	
18. CAUSE OF DEATH [Enter only one cause <i>Choose for (a), (b), and (c).</i>] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of Liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 581.0							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8/26/57 , to 2/19/58 and last saw ^{her} him alive on 2/19/58 Death occurred at 6:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert J. Farrell M.D. (Degree or title)				22b. ADDRESS 624 N. Union			22c. DATE SIGNED 2/21/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-22-1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri		
24. FUNERAL DIRECTOR ADDRESS Arthur J. Donnelly, 3840 Lindell Blvd.				25. DATE RECD. BY LOCAL REG. FEB 21 1958		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.	

624 Union
University of Illinois

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. 46

P. O. Address 3840

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.