

THE DIVISION OF HEALTH OF MISSOURI 35175-58 **58-016185**
STANDARD CERTIFICATE OF DEATH State File No.

FILED APR 25 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4308**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 2 days		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) 79 4540 DURANT	
3. NAME OF DECEASED (Type or Print) Mary Madeleine Menke		4. DATE OF DEATH (Month) (Day) (Year) 4-19-58	
5. SEX Female		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	
6. COLOR OR RACE White		8. DATE OF BIRTH 4-17-58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo	
10b. KIND OF BUSINESS OR INDUSTRY INFANT		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Mervin Menke		13b. MOTHER'S MAIDEN NAME Elizabeth Bradley		14. NAME OF HUSBAND OR WIFE	
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 Elizabeth J. Menke ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURITY		ANTECEDENT CAUSES		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) 776x			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS		BIRTH WEIGHT 7 LB.	
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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?	
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22. I hereby certify that I attended the deceased from **4-17**, 19**58**, to **4-19**, 19**58**, that I last saw the deceased alive on **4-19**, 19**58**, and that death occurred at **11:20** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patricia Brennan, M.D.		23b. ADDRESS 111 Church St. Ferguson		23c. DATE SIGNED 4-20-58	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 4-21-1958		24c. NAME OF CEMETERY OR CREMATORY ST. FERDINAND GEM.		24d. LOCATION (City, town, or county) (State) FLORISSANT, Mo.	
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DATE REC'D BY LOCAL REG. APR 21 1958		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Gene A. Litchner ADDRESS FLORISSANT, Mo.	
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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.....
Gene A. Litchens

Licensed Embalmer No. *496*

P. O. Address *Floresant*

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.