

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037508
STATE FILE NUMBER

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN O'Fallon		c. CITY OR TOWN O'Fallon <i>0920</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Roeper Nursing		d. STREET ADDRESS (If outside, give location) RFD Route 1	
Length of stay in lb 8 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Menne			4. DATE OF DEATH Month Nov. Day 4 Year 1958			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 18, 1882	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Charles, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ben Lammert	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE William E. Menne
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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. no	17. INFORMANT Francis G. Menne	Address O'Fallon, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT		INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
DUE TO (b) GENERALIZED ARTERIOSCLEROSIS & A.S. HEART DISEASE		
DUE TO (c) DIABETES MELLITUS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic cystitis & Pyelonephritis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 2:15 Month, Day, Year Nov 4 1958 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 O'Fallon, MO	COUNTY MO	STATE MO
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21. I attended the deceased from **Aug 9 1958** to **1 Nov 58** and last saw ^{her} ~~him~~ alive on **1 Nov 58**
Death occurred at **2:15** p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Kene Dumontier M.D. (Degree or title)	22b. ADDRESS O'Fallon, MO	22c. DATE SIGNED 11/5/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 7, 1958	23c. NAME OF CEMETERY OR CREMATORY Assumption	23d. LOCATION (City, town, or country) (State) O'Fallon, Missouri
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24. FUNERAL DIRECTOR Ed Keithly ADDRESS O'Fallon MO	25. DATE RECD. BY LOCAL REG. Nov. 6/58	26. REGISTRAR'S SIGNATURE Ed Keithly
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1-57

All diseases in Part I must be causally related.

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MS
AUG 8
1968

MS
MAY 17 1968

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 *Ed Keithly*

Licensed Embalmer No. *822*

P. O. Address *Fallon 7*

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.