

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037807

STATE FILE NUMBER

AMENDED

FILED NOV 14 1961 Primary Registration District No. ⁴³⁴⁸ Registrar's No. ⁶¹

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mineola, Danville Township		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Highway 40		d. STREET ADDRESS (If outside, give location) 5212 Kingwood Drive	
3. NAME OF DECEASED (Type or print) First Robert Middle bernard Last Menke		4. DATE OF DEATH Month November Day 11 Year 1961	
5. SEX Male	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 8/31/1938
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Air Pilot		10b. KIND OF BUSINESS OR INDUSTRY U.S. Air Force	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Bernard A. Menke		13b. MOTHER'S MAIDEN NAME Dorothy L. Lindeman	14. NAME OF HUSBAND OR WIFE Jane E. (Hohm) Menke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Active Duty at Death		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Jane E. Hohm Menke, 5212 Kingwood, Drive
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured skull DUE TO (b) Compound fractures of both lower legs DUE TO (c) Auto accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
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.) SMOKE BURN ON EYE	
20c. TIME OF INJURY Hour Month, Day, Year 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J.P. Rodgers, Coroner		22b. ADDRESS Montgomery City	22c. DATE SIGNED 11/12/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/14/1961	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR ADDRESS Wingbermuehle Funeral Home 3819 So. Grand Blvd.		25. DATE RECD. BY LOCAL REG. 11/12/1961	26. REGISTRAR'S SIGNATURE Laura B. Caraway

NOV. 27 1967

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 Wingbermuehle Funeral Home, Student Embalmer No. _____

3819 S. Grand
working under my personal supervision. St. Louis, Mo.

Student _____
Signature of Student Embalmer

Signed E. Boone Schlanke

Licensed Embalmer No. 4136

P. O. Address Montgomery City

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.