

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047309
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 3558

AMENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, give TOWNSHIP only) Wellston	a. STATE Missouri	b. COUNTY St. Louis
Length of stay in 1b 35 Yrs.		c. CITY OR TOWN Wellston	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6400 Myrtle Ave.		d. STREET ADDRESS (If outside, give location) 6400 Myrtle Ave.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Charles	Middle B	Last Menge	Month 12	Day 13	
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 12-17-1900	9. AGE (last birthday) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Leschen Rope Co.	11. BIRTHPLACE (City and state or country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bernard Menge		13b. MOTHER'S MAIDEN NAME Lulu or Louise Simon		14. NAME OF HUSBAND OR WIFE Louise C Menge	
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. UNK	17. INFORMANT Louise C. Menge 6400 Myrtle Ave.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Anteroselective Heart Disease & Myocardial Infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus	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
---	--

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 a.m. p.m.	Month, Day, Year	

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 **Feb 1955** to **12/13/61** and last saw ^{her} him alive on **12/13/61**
Death occurred at **6:00 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Walter Welles	(Degree or title) M.D.	22b. ADDRESS 1506 Hodiament	22c. DATE SIGNED 12/14/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-16-61	23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co, Missouri

24. FUNERAL DIRECTOR J.W. Clark F.H. 1125 Hodiament Ave.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-15-61	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
--	---------	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Mat Willenbach

Licensed Embalmer No. 14561

P. O. Address S. Linn, Mo

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.

Dr. Wm. Weber

1506 Hodiament Ave.