

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

11257

1. PLACE OF DEATH

County Jefferson
Township Franklin
City St. Louis (No. _____) St. _____ Ward _____

Registration District No. 431
Primary Registration District No. 5275

File No. _____
Registered No. 40

2. FULL NAME

Curtis Harry Meng
(a) Residence. No. Herculaneum Mo. St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Katherine Meng

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 16 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 6 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Time Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) St. Joe Lead Co
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Pevely
(STATE OR COUNTRY) Mo

10. NAME OF FATHER J. H. Meng

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linwood
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Anna Rapp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pevely
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. H. Meng
(Address) Herculaneum Mo

15. FILED 3/20/29 J. E. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1929

17. I HEREBY CERTIFY, That I attended deceased from March 12, 1929, to March 14, 1929, that I last saw him alive on March 14, 1929, and that death occurred, on the date stated above, at St. Louis, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis
121A
129 (duration) yrs. mos. 6 da.

CONTRIBUTORY (SECONDARY) Ruptured appendix
(duration) yrs. mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) DeFurment, M. D.
.19 (Address) Bryant Bldg Mo

*State the DISEASE CAUSING DEATH, if in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Herculaneum Mo DATE OF BURIAL Mar. 1929

20. UNDERTAKER Quester & Vineyard ADDRESS Pevely Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50
25
1929

