

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

7434  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Montana Registration District No. 581  
 (b) Township Walter Primary Registration District No. 4035  
 (c) City California (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Fredrick Theodore Mensch  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lela Mensch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 7 21

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co Mo

FATHER  
 13. NAME Charles W Mensch  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER  
 15. MAIDEN NAME Casaria Richards  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co Mo

17. INFORMANT Lela Mensch  
 (ADDRESS) California

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Society DATE 7-13-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hellmuth & Fredrick  
California

20. FILED 2-5-1940 H.R. Popejoy  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1940, to July 4 1940  
 I last saw him alive on July 3 1940. Death is said to have occurred on the date stated above, at 3:30 P.m.  
 The principal cause of death and related causes of importance were as follows:  
Influenza  
Uremia 191  
 Other contributory causes of importance: Hypertensive nephritis 1935

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) E. A. Noble \_\_\_\_\_, M. D.  
 (Address) California

Date of onset  
1-27-40  
2-3-40  
1935

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

N. 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.

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *HE Helleman*

Licensed Embalmer No. *3597*

P. O. Address *California Me*

**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 this body is not embalmed, above space should be left blank.**