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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23308

5753

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 30 Days
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST. LOUIS 25
(If outside city or town limits, write "RURAL")
(d) Street No. 308 ELM STR.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28,
year 1940 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from April
29, 1940, to June 28, 1940
that I last saw him alive on June 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature William H. Elliot (M. D. or other)
Address 1515 Lafayette Date signed 6/28/40

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Andrew Menz 527

3. (b) If veteran, name war UNKNOWN 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MAY - 1 - 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business 9

MOTHER FATHER { 12. Name UNKNOWN
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Dimpfer
(b) Address 2331 Mullany

17. (a) BURIAL (b) Date thereof 7-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director William H. Elliot
(b) Address 1416 N. Taylor Ave

19. (a) JUL 8 1940 (b) _____
(Date received local registrar) (Official signature)

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.

Myself
City License
145

Signed *Oliver E. Anderson*

Licensed Embalmer No. *4141*

P. O. Address *4937 Forest Park B*

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.