

Registration District No. 701

Primary Registration District No. 1003

Registrar's No. 2319

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2802 Norwood Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether

In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2802 Norwood Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 75 0 years.

3. (a) PRINT FULL NAME MARIE MENZ

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased August 19 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 6 24 ..hr.min.

9. Birthplace Dresden, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Carl Pohle

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Marable

(b) Address 2802 Norwood Ave

17. (a) Removal (b) Date thereof 3/14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar

19. (a) MAR 14 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1941 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1940
to March 13, 1941

that I last saw her alive on March 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Distention 1 day
Duration

Due to Chronic myo carditis

Due to Chronic endo carditis

Other conditions Atherosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations [Signature]

Of autopsy [Signature]

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? [Signature] (Specify type of place) (e) Means of injury 8

23. Signature H. G. Kerming (M. D. or other)

Address 4546 S. Prairie St. Date signed 3/13/41

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

0
17
9

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 *Joseph McCulloch*

Licensed Embalmer No. *2460*

P. O. Address: *6170 Delmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.