

FILED MAR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6459**  
Registrar's No. **2023**

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| BIRTH NO.   |  | REG. DIST. NO. <b>318</b>   | PRIMARY REG. DIST. NO. <b>1003</b>  | Registrar's No. <b>2023</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b> |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>St. Louis</b>  |  | c. LENGTH OF STAY (in this place)   | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |   | d. STREET ADDRESS (If rural, give location)<br><b>4976 Schollmeyer</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>4976 Schollmeyer</b>  |  |   |   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Henrietta</b>  |  | b. (Middle)   | c. (Last) <b>Meng</b>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>3-2-1949</b>                            |  |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Divorced</b>   | 8. DATE OF BIRTH<br><b>1-28-1894</b>  | 9. AGE (In years last birthday)<br><b>55</b>  | IF UNDER 1 YEAR<br>Month <b>1</b> Day <b>1</b>                         |
| IF UNDER 1 YEAR<br>Month <b>1</b> Day <b>1</b>  | IF UNDER 14 HRS.<br>Hours <b>1</b> Min.  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Brewer Worker</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Bottler</b>                                 | 11. BIRTHPLACE (State or foreign country)<br><b>St. Louis Mo</b>       |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  | 13a. FATHER'S NAME<br><b>Joseph J. Husgen</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Anna M. Wegeschiede</b>                             | 14. NAME OF HUSBAND OR WIFE  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO.<br><b>493-10-6710</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Manve Bohres 4976 Schollmeyer</b>  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                               |  | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Throat</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>11. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>14 months</b>                   |
| 19a. DATE OF OPERATION<br><b>14 Months</b>  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Cancer of Throat</b>   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?  |   |   |  |
| 22. I hereby certify that I attended the deceased from <b>3/1/49</b> , 19___, to <b>3/3/49</b> , 19___, that I last saw the deceased alive on <b>3/1</b> , 1949, and that death occurred at <b>12:00 p.m.</b> , from the causes and on the date stated above. |  |   |   |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>E. Kenzle</b>  |  | 23b. ADDRESS<br><b>2800th Chippewa</b>  |   | 23c. DATE SIGNED<br><b>3/3/49</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 24b. DATE<br><b>3-4-1949</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection</b>   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Mo</b>  |   |  |
| DATE REC'D BY LOCAL REG.<br><b>MAR 3 1949</b>   |  | REGISTRAR'S SIGNATURE<br><b>J. B. Lanter</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Wingbermuehle Funeral H 3819 S Grand</b>   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**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 .....  
Student Embalmer

Signed Van M. Lisenmore

Licensed Embalmer No. 4343

P. O. Address St Louis 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 this body is not embalmed, fact should be so stated above.