

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

Do not use this space.

10767

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 1242 Bayard Ave. St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 2782

**2. FULL NAME**

Louis A. Muenninghaus  
(a) Residence. No. 1242 Bayard Ave. St. 6 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Muenninghaus</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 26, 1858</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>1</u>
	DAYS <u>19</u>	IF LESS than 1 day, .....hrs. or .....min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Clerk</u> <u>131</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Simmons Hardware</u> <u>93</u> (c) Name of employer <u>Simmons Hardware</u> <u>95</u>		

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER J. Muenninghaus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER H. Westerhaus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?  
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Caroline Muenninghaus  
(Address) 1242 Bayard Ave.

15. FILED MR. I. D. STARK REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1930

17. I HEREBY CERTIFY, That I attended deceased from 21 1928, to March 17 1930, that I last saw him alive on March 17 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiac dilatation  
Chronic Fibrillar Myocardial Degeneration  
Cardio Vascular Proliferation

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 90B  
(duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? P. V. Pugh  
(Signed) \_\_\_\_\_, M. D.  
3/18 1930 (Address) 4440 N. Euclid

\*State the DISEASE CAUSING DEATH, or 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 Valhalla Cemetery DATE OF BURIAL 3-20 1930

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5966 Easton Ave.

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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