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

Do not use this space.

38784

File No.
Registered No.

1. PLACE OF DEATH
County: St. Louis
Township: St. Ferdinand
City: Junction (No. , St. Ward)
Registration District No. 784
Primary Registration District No. 6030

2. FULL NAME: Peter J. Muenks
(a) Residence, No. St. Charles Road St., 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.

DEC 28 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE~~ OF): Gertrude M. Muenks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 30-1854

7. AGE: Years 77 | Months 9 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: himself
10. Date deceased last worked at this occupation (month and year): 1-30-1929
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Goose Creek, Mo.

FATHER
13. NAME: Jerd Muenks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Europe

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Gertrude M. Muenks, Robertson, Mo. RF#1

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: St. Marys Cem. DATE: Nov. 26, 1931

19. UNDERTAKER (ADDRESS): Baumann Bros. 2504 Woodson Rd. Overland Mo.

20. FILED: 12/5, 1931 Emma J. Harris, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1931, to November 23, 1931
I last saw him alive on November 23, 1931. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1 yr. ago
1931	
1929	
1927	
1924	
131	
Other contributory causes of importance:	
Hypertension	5 yrs
Anaemia	3 yrs ago

Name of operation: —— 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) B. P. Wentker, M. D.
(Address) St. Charles, Mo.

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.

Mr Wenther + Neuberser - 206 - Washington St. Charles, Mo.