

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. General, Material Co 5617, Nat. Bridges) (Ward) 15143
 File No. 3671
 Registered No. 3671

2. FULL NAME Neil Muench

(a) Residence, No. 5538 Herbert St St. 6 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Chas. Muench

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Minnie Yeton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Chas. Muench
 (ADDRESS) 5538 Herbert St

18. BURIAL, CREMATION OR REMOVAL
 PLACE Newburg Mo DATE April 25, 1933

19. UNDERTAKER Hy Leidner Pub Co
 (ADDRESS) 2417 N. Market St

20. FILED APR 24 1933
Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 1-10 m.

The principal cause of death and related causes of importance were as follows:

1941
suffocation due to being smothered while playing in sand pit in St. Louis, Mo.

Other contributory causes of importance:
1941 accident

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/22, 1933

Where did injury occur? St. Louis Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In Industry

Manner of injury smothered by sand

Nature of injury suffocation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harold Debus

(Address) Deputy Registrar

4/24/33

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.

