

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

Do not use this space.

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1. PLACE OF DEATH

County Buchanan Registration District No. 100 L File No. 840
Township St. Joseph, Mo. Primary Registration District No. State Hospital #2 Registered No. 840
City St. Joseph, Mo. (No. State Hospital #2) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Edina, Mo.
(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>Female</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>Dr. Bernard Muenzer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown 1854</u>		
7. AGE YEARS <u>About 82</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>		
17. INFORMANT (ADDRESS) <u>Records of State Hosp. #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Edina, Mo.</u> DATE <u>Aug 25, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Fleeman Mortuary Inc 1946 Colton</u>		
20. FILED <u>8-24</u> 19 <u>33</u> <u>John R. Bender, 2</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1933 to Aug 23, 1933
I last saw her alive on Aug 23, 1933 Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia Date of onset Aug 20, 1933
Chronic myocarditis

Other contributory causes of importance:
93C
107A
ABC

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Dr. Dexter Smith M. D.
(Address) St. Joseph, 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.

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