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.

NOV 13 1934

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

Do not use this space.

38018

1. PLACE OF DEATH
County ~~St Louis, Mo~~ Registration District No. 791
Township Primary Registration District No. 1003
City St Louis (No. Deaconess Hospital St. Ward)

File No.
Registered No. 10507

2. FULL NAME Muensterman, Mr Roy
(a) Residence, No. St., NR Ward Troy, 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 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) Feb. 2 - 1915
7. AGE YEARS 19 years MONTHS 8 DAYS 28 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Troy, Mo

FATHER
13. NAME John Muensterman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Rosa Lee Schiedecker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Hilda Muensterman 6150 Oakland Ave, City
18. BURIAL, CREMATION, OR REMOVAL
PLACE Troy Mo DATE Nov 2 1934
19. UNDERTAKER (ADDRESS) Albert H. Happe 429 N. Euclid
20. FILED OCT 31 1934 19 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 30, 1934
22. I HEREBY CERTIFY, That I attended deceased from October 29, 1934, to October 30, 1934
I last saw him alive on October 30, 1934 Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Gonorrhoeal)	10-27-34
Other contributory causes of importance: Acute Gonorrhoeal Urethritis	9-15-34

35

Name of operation Date of
What test confirmed diagnosis? Staining Spinal puncture 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) A. R. Shreffler M. D.
(Address) 1020 Md Bldg Plains

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