

MAY 7 1936

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

Do not use this space.

17334

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis (No. 4650 a, Pope Ave. St. Ward)

File No.
Registered No. **4098**

2. FULL NAME: Lulu Annie Munsberg

(a) Residence, No. 4650a Pope Ave. St. 9 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. 9 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry W. Munsberg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 4, 1874</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>7</u>	DAY <u>8</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>
	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) St. Louis, Mo.
(STATE OR COUNTRY)

13. NAME Frederick Riechmann
14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Katherine Schneider
16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

17. INFORMANT Mrs. Emma Koch
(ADDRESS) 4650a Pope Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cemetery DATE April 15, 193619. UNDERTAKER Wm. M. Schunacher
(ADDRESS) 4834 Natural Bridge20. FILED APR 14 1936
J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 193622. I HEREBY CERTIFY, That I attended deceased from
3-17, 1936 to 4-12, 1936I last saw her alive on 4-11, 1936 Death is saidto have occurred on the date stated above, at 7:30 a.m.

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

Hypostatic pneumonia
bronchial
53

Other contributory causes of importance:

carcinoma of left shoulder
with metastasis throughout
bodyName of operation Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no23. 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?

If so, specify H. C. Walker M. D.
(Signed) H. C. Walker(Address) 4005 W. Florissant

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.

