

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.

6
8
JUL 31 1937

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

Do not use this space.

24830

1. PLACE OF DEATH

County St. Louis
Township Jefferson
City Maplewood

Registration District No. 786Primary Registration District No. 4469(No. 7478 A, Maple Avenue)

File No. _____

Registered No. 31

St. _____ Ward _____

2. FULL NAME Eugenia Munsch(a) Residence, No. 7478 A Maple Avenue 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFTimothy Munsch6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 1864

7. AGE

YEARS

72

MONTHS

7

DAYS

3

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Housewife

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) Unknown
(STATE OR COUNTRY) Germany13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown17. INFORMANT Ida Kleinsorge
(ADDRESS) 7478 A Maple Ave, Maplewood, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Meth. Manchstr. MO. DATE June 15 193719. UNDERTAKER Jay B. Smith Funeral Home
(ADDRESS) 7456 Manchester Ave, Maplewood, Mo.20. FILED July 10 1937 Pauline Breitenstein Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12 193722. I HEREBY CERTIFY, That I, attended deceased from Feb. 15 1937 to June 9th 1937I last saw him alive on June 9th 1937 Death is said to have occurred on the date stated above, at 9:15 P.M.

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

Date of onset

Arteriosclerosis

Other contributory causes of importance:

Chronic Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? ✓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? ✓

If so, specify _____

(Signed) Dr. E. P. Hoff(Address) 7370 Manchester Ave

