

REC'D APR 1 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH791  
10088807  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. .... 2396  
 (c) City St. Louis (d) Street No. De Paul Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Eva Munsil, 524  
 (a) Residence, No. 3444 Abner Pl. St. 6 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Frank Munsil,</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>August 14, 1884</b>		
7. AGE <b>53</b>	YEARS <b>6</b>	MONTHS <b>23</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>At Home</b>		9. Industry or business in which work was done, as 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) <b>Ohio</b>		
13. NAME <b>Leo Merritt</b>		
14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <b>Ohio</b>		
15. MAIDEN NAME <b>Ruth Knox</b>		
16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <b>Ohio</b>		

17. INFORMANT **Mr. Frank Munsil**  
 (ADDRESS) **3444 Abner Place**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Calvary Cem.** DATE **March 12, 1938**

19. FUNERAL DIRECTOR **Cullinane Brothers**  
 (ADDRESS) **1710 N. Grand Blvd.**

20. FILED **MAR 10 1938** **J. Bredbeck**  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 9, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **3-4-38** to **3-9-38**, 19**38**.  
 I last saw **her** alive on **3-9-38**, 19**38**. Death is said to have occurred on the date stated above, at **11 A.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis**  
**Acute Peripneumonia**  
**by acute bronchitis**  
 Date of onset **1937**  
 Other contributory causes of importance: **3-5-38**  
 Name of operation: **Autopsy** Date of **3-5-38**  
 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) **Thomas Miller**, M. D.  
 (Address) **414 Wilbourn**

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Fred Frick

Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Fred Frick

Licensed Embalmer No. 3186

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**