

WHILE FLAINLI—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

24232

AUG 11 1939

799  
1003 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

6505

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3828 California Ave. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis [24]  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3828 California  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3. (a) PRINT FULL NAME MARY MUNSTER 523

3. (b) If veteran, name war. no. 3. (c) Social Security No. no.

4. Sex. Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Joseph B. Munster 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 27, 1869  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

July 23

20. DATE OF DEATH: Month \_\_\_\_\_ day \_\_\_\_\_  
 year 1939 hour 1 minute 15 p. M.

21. I hereby certify that I attended the deceased from May 31 1939  
 \_\_\_\_\_, 19 \_\_\_\_\_, to July 23, 1939.  
 that I last saw her alive on " 23, 1939,  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Carcinoma of bladder, metastases  
in intestine ?  
 Due to Primary seat unknown

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) 4/6

Major findings: Carcinoma metastases  
in left suprarenal glands  
 Of autopsy not done

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Julian J. Burke (M. D. or other) MD  
 Address 6402 Morganford Date signed 7-29-39

8. AGE: Years 69 Months 7 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: St. Louis, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name George Begelsbacher

18. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hergmann

15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hildegard Felore

(b) Address 4068 Joenges Ave

17. (a) burial (b) Date thereof 7/26/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4016 Chipmunk St.

19. (a) JUL 25 1939 (b) J. P. Budick  
 (Date received local registrar) (Registrar's signature)

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**STATEMENT BY LICENSED EMBALMER.**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Ernest W. Spillers*

Licensed Embalmer No. *4080*

P. O. Address *2528 Russell*

**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.)**

**If this body is not embalmed, above space should be left blank.**