DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24339

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6612

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Days (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 Mo. 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3823 Sherman Place
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anna Muenstermann 523

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 1874 (Month) 26 (Day) 7 (Year)

8. AGE: Years 65 Months 6 Days 24 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Bookbinder 6

11. Industry or business 6

FATHER
12. Name Wm. Muenstermann
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Overkraemer
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm Muenstermann X
(b) Address 3037 Fair Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-39 (Month) (Day) (Year)
(c) Place: burial or cremation St. peters

18. (a) Signature of funeral director Hy Ludwig V. Co.
(b) Address 1417 N. Market St.

19. (a) JUL 28 1939 (Date received local registrar) (b) J F Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1939 hour 7:00 minute 30 P. M.

21. I hereby certify that I attended the deceased from JULY 1, 1939, to JULY 26, 1939;
that I last saw her alive on JULY 26, 1939
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Central Thrombosis RT. SIDE	3 WK
Due to: Arteriosclerosis	1937
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature F. J. Mettler (M. D. or other)
Address 4114 W. FLORISSANT Date signed 7/27/39

(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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X19311

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 3223 St Louis Ave

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

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