

34185

State File No. 8723
Registrar's No. 8023

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 13 1939 791
Registration District No.

Primary Registration District No.

WHILE FILLING IN 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.

1. PLACE OF DEATH: 1003 2
(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:
3455 Arsenal St.
(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 _____

3. (a) PRINT FULL NAME Minnie H. Cella How
(b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late James T. Cella
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 10th 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 6 2 _____ hr. _____ min.

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

10. Usual occupation Housework 0

11. Industry or business At Home

MOTHER FATHER
12. Name Gerard Mueninghaus 6
13. Birthplace Germany 6
(City, town, or county) (State or foreign country)
14. Maiden name Henrietta Westerhaus
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raymond Cella
(b) Address 3455 Arsenal St.

17. (a) Burial (b) Date thereof 10-14-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
4228 So. Kingshighway
(b) Address

19. (a) OCT 13 1939 (b) J. B. [Signature]
(Date received back by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")
(d) Street No. 3455 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th
year 1939 hour 1:40 minute A.M. M.

21. I hereby certify that I attended the deceased from Aug. 20
1939, 19 to Oct. 12, 1939
that I last saw her alive on Oct. 12 - 1939, 19 :
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration _____

Due to _____
Due to _____

Other conditions arterial sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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? none

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

23. Signature Wm. R. Nye (M. D. or other) _____
Address 2931 Gracette Ave Date signed 10/12/39

293 / Hawaii
for 2984 2-3

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 *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address.....

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.