S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23690

Registration District No. FILED AUG 25 1940 1791

Primary Registration District No. 1003

Registrar's No. 6135

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution St. Johns Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 5 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 6 (If outside city or town limits write "RURAL")

(d) Street No. 5115 Page (If rural, give location)

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

3. (a) PRINT FULL NAME Jerome G Munsch

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Wh

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

6. (b) Name of husband or wife Viola Munsch

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased May (Month) 30 (Day) 1911 (Year)

8. AGE: Years 29 Months 1 Days 21 If less than one day ____ hr. ____ min.

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

10. Usual occupation Student

11. Industry or business City College of Law

MOTHER FATHER

12. Name Dr. Augustus P. Munsch

13. Birthplace Pittsburg (City, town, or county) Penn. (State or foreign country)

14. Maiden name Louis Attend

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

16. (a) Informant Dr. Augustus Munsch

(b) Address 5115 Page Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-24-1940 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) JUL 23 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1940 hour 6:50 minute A. M.

21. I hereby certify that I attended the deceased from May 25-40, 19__, to July 21, 19 40 that I last saw him alive on July 20, 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral arterial thrombosis (mid cerebral artery) c softening	Since
Due to Severe gastro-intestinal hemorrhage from peptic ulcer	June 4
	June 4
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings of operations	
Of autopsy As above	

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 John L. Hammond (M. D. or other) M.D.

Address 634 N. Grand Date signed 7/22/40

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard O. J. Stuart

Licensed Embalmer No. 3500

P. O. Address 1225 Union Blvd

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.