No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40666

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10432

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

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: Missouri Athletic Ass'n. 3 (If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Harry Muenstermann.

3. (b) If veteran, name war No.

3. (c) Social Security No. 497-10-8534

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Mary Muenstermann.

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

7. Birth date of deceased March (Month) 18 (Day) 1884. (Year)

8. AGE: Years	Months	Days	If less than one day
56	9	0	hr. min.

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

10. Usual occupation Unreported.

11. Industry or business Mo. Athletic Ass'n.

FATHER 12. Name William Muenstermann.

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

MOTHER 14. Maiden name Louise Overkraemer.

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

16. (a) Informant Wm. F. Muestermann.

(b) Address 3037 Fair Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 12-20-40. (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 19 1940 (Date received local registrar) (b) F. H. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 25

(d) Street No. ~~Unknown.~~ 702 No 4th St. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1940 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation with Generic Cardiac Hypertrophy

Due to Chronic Parenchymatous Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 Alfred Perry (M. D. or other)

Address Neyaloroser Date signed 12/19/40

(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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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

If this body is not embalmed, fact should be so stated above.