

FILED MAY 13 1942

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 4000

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

1. PLACE OF DEATH:

(a) County..... St. Louis

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

(c) Name of hospital or institution:
St. John's Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....

(c) City or town..... St. Louis 6 000
(If outside city or town limits, write "RURAL") 17

(d) Street No. 4744 Northland Ave. 9
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Amelia Munsil

MEDICAL CERTIFICATION

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

3. (c) Social Security No. None

20. DATE OF DEATH: Month May day 3
year 1942 hour 3 minute 45 PM.

4. Sex Female/

5. Color or race White

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

21. I hereby certify that I attended the deceased from April 26-1942
19... to May-3 1942

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

that I last saw her alive on May 3 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased August 31 1873
(Month) (Day) (Year)

Immediate cause of death
Cancer of stomach
Duration

8. AGE: Years Months Days If less than one day
68 8 9 hr. min.

Due to... H/O

Due to...

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

Other conditions. Degenerative heart disease 48
(Include pregnancy within 3 months of death)

10. Usual occupation School Teacher

Major findings: Cancer of stomach
Of operations...
Of autopsy... none
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business.....

12. Name William Munsil

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

14. Maiden name Catherine O'Brien

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

16. (a) Informant Frances Murphy
(b) Address 4744 Northland Ave.

17. (a) Burial (b) Date thereof May 6 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) MAY 5 1942 (b) J. F. Bulech
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence 2

(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 0

23. Signature Chas W Miller (M. D. or owner)
Address 408 Humboldt Bldg Date signed 4/2

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 *Fred Frick*.....

Licensed Embalmer No.....3186.....

P. O. Address St. Louis, Mo......

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, fact should be so stated above.