

S. No. 2
OM-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15490

FILED MAY 12 1943

State File No.

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 1101

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Old Peoples' Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 9 Yr. 3Mo. 14 Da. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6600 Washington Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. Citizen of United States.

3. (a) PRINT FULL NAME Fred Muenker

3. (b) If veteran, name war. none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased. December 28th. 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 4 10 hr. min.

9. Birthplace. West Fallen Germany
(City, town, or county) (State or foreign country)

10. Usual occupation. Retired

11. Industry or business.

12. Name. Henry Muenker

13. Birthplace. Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name. Molly Lanbach

15. Birthplace. Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant. Mary E. Craig

(b) Address. 6600 Washington

17. (a) BURIAL (Burial, cremation, or removal) (b) Days thereof. MAY 10 1943
(Month) (Day) (Year)

(c) Place: burial or cremation. VALHALLA CEMETERY

18. (a) Signature of funeral director. Shepard Funeral Home

(b) Address. 1167 Washington Ave

19. (a) MAY 11 1943 (Date received local registrar) (b) C. L. McClaron, MD. (Registrar's signature) (c) (initials)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th.
year 1943 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 5
1943, to May 8, 1943;
that I last saw him alive on May 5, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute dilatation of heart Duration 3 days

Due to. _____

Due to. 950 4

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? _____

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

23. Signature. [Signature] (M. D. or other) _____
Address. 605 W. 2nd St. D. Date signed 5-11-43

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

MOTHER FATHER

217
1/12/88

744

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 1943

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 *Albert W. Karppe*

Licensed Embalmer No. *1861*

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, fact should be so stated above.