S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3525

Registration District No. FILED JAN 16 1945

Primary Registration District No. 6076

Registrar's No. 2690

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Halls Ferry & Kappel Halls Ferry Memorial Nursing Home, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4½ months (Specify whether years, months or days) 4

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4472 San Francisco Ave. (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country 0

3. (a) PRINT FULL NAME Minnie Munsberg

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased September 1, 1879. (Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 25 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Henry Remmert
13. Birthplace -- Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Minnie Hoffstetter
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant Elmer J. Truttmann

(b) Address 2813 Arsenal St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 29, 1944. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) DEC 29 1944 (Date received local registrar) (b) E. G. McGavran (Registrar's signature) Crdo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th year 1944 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from 10/28, 1944, to 12-26 44, 19; that I last saw her alive on 12.26.44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Senile dementia

Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 93 21

Major findings: Of operations none

Of autopsy none

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)

(e) While at work? (e) Means of injury

23. Signature G. R. Wortley (M. D. or other) MC

Address 7409 4. St Louis Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

740 S. 4th St.
8 a.m. to 5 p.m.

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 John A. Mlinak

Licensed Embalmer No. 4186

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.