

S. No. 2
FORM-5-43
REV. 5-17-39
X 36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8065

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 2864

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 21 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3807 Westminster Place
(If rural, give location)
 (e) Citizen of foreign country?..... 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... Mary D. Muenz

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

3. (c) Social Security No.....

4. Sex..... 0 F. 5. Color or race..... W.

6. (a) Single, widowed, married, divorced..... 0 S.

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

7. Birth date of deceased..... Sept. 11th., 1863
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
 year..... 1945 hour..... 11:30 minute..... P. M.

21. I hereby certify that I attended the deceased from..... 3/7/45
, 19....., to..... 3/28/45, 19.....;
 that I last saw h..... er alive on..... 3/28/45, 19.....;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>6</u>	<u>17</u>	hr. min.

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

10. Usual occupation..... At Home

11. Industry or business.....

12. Name..... Bernard Muenz

13. Birthplace..... Germany 11
(City, town, or county) (State or foreign country)

14. Maiden name..... Wilhelmina Mihland

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

16. (a) Informant..... Mrs. Annie Mehring
 (b) Address..... 7358 Chamberlain Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 3-31-45
(Month) (Day) (Year)
 (c) Place: burial or cremation..... Old S. S. Peter & Paul

18. (a) Signature of funeral director..... W. J. Connelly
 (b) Address..... 3840 Lindell Blvd.

19. (a) MAR 30 1945 (Date received local registrar) J. F. Cusack (Registrar's signature)

Immediate cause of death.....
Encephalomalacia
Due to circulatory disturbances

Due to.....
830

Other conditions.....
(Include pregnancy within 3 months of death)
Senile psychosis - simple deterioration

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)
 Means of injury.....

23. Signature..... Ellis J. Lipsitt (M. D. or other)
 Address..... 1515 Lafayette 2829/45

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3870 Lindell

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.