

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12768

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 53

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5320 Ridge Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1946 hour 3 minute 35 P.M.  
21. I hereby certify that I attended the deceased from 4:15 P.M.  
4/27, 1946, to 4:25 P.M., 1946;

that I last saw h — alive on —, 19—;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion ?

Duration

Due to

Due to

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 Michael A. Pfeiffer (M. D. or other) M.D.  
Address Washington, Mo Date signed 4/27/46

3. (a) PRINT FULL NAME

Robert Muench

3. (b) If veteran, name war

None

3. (c) Social Security No.

494-24-4313

4. Sex Male

5. Color or race White

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

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

Henrietta Muench

6. (c) Age of ~~husband~~ wife if alive 75 years

7. Birth date of deceased August (Month)

30th (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day	
<u>75</u>	<u>7</u>	<u>27</u>	hr.	min.

9. Birthplace Warren County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Wholesale Hwd. Salesman

11. Industry or business Witte Hwd. Co.

MOTHER FATHER

12. Name Julius Muench

13. Birthplace Warren County, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Schaff

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

16. (a) Informant Roy T. Muench

(b) Address 5320 Ridge Ave. St. Louis, Mo.

17. (a) Removal (b) Date thereof Apr. 30, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar St. Louis, Mo.

19. (a) 4/29/46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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

MAY 16 1946

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-11-46

JUL 10 1946

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed G. E. Nieburg

Licensed Embalmer No. 2387

P. O. Address Washington, 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.