

No. 2
1-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34823

State File No. _____

Registrar's No. 3037

FILED 80721 1946
Registration District No. _____

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Kennerly Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Sappington 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. Kennerly Road 0
(If rural, give location) 0

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

If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Julius Munzlinger

3. (b) If veteran, name war *****

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

20. DATE OF DEATH: Month 10th day October year 1946 hour 11:15 minute A. M.

4. Sex Male 5. Color or race White

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

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

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased January 30, 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death strangulation by ligature Duration _____

8. AGE: Years Months Days If less than one day

76 8 10 hr. _____ min. 0

Due to _____

Due to _____

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

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Retired

Major findings:
Of operations _____

XXXXX

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Adam Munzlinger

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

14. Maiden name _____

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

16. (a) Informant Carrie Munzlinger

(b) Address Kennerly Road Sappington, Mo

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

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence October 10, 1946

17. (a) Burial (b) Date thereof Oct. 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? Sappington, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Ziegenhain Bros.

(b) Address 8409 Gravois Ave

(Specify type of place) ligature

While at work? _____ Means of injury _____

19. (a) 10-15-46 (b) Orth J. Allen
(Date received local registrar) (Registrar's signature)

23. Signature Arnold J. Willmann Coroner 5
Address Clayton Date signed 10/12/46

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

33543

OCT 30 1948

Arnold Williams Corbett

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 *Homer W. Fritz*
Licensed Embalmer No. *3882*

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.