No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2885

FILED JAN 16 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 198

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 43 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5557 Pershing
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Bertha C. Muensterman
3. (b) If veteran, name war ------
3. (c) Social Security No. 500-26-0266
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 6th, 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 30 If less than one day hr. min.

9. Birthplace Collinsville Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Saleslady
11. Industry or business Baby DressShop
FATHER
12. Name Herman G. Grosse
13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maria M. Neidenberger
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Adolph Kleinsorge
(b) Address 5256 Coral Drive Affton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8, 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Beiderwieden F.H.Inc.
(b) Address 1936 St. Louis Avenue
19. (a) JAN 8 1948 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th
year 1948 hour 1 minute 50 P. M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw her alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastric Hemorrhage	24 hrs
Due to Cirrhosis of liver	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury
23. Signature Bert H Klein (M. D. or other)
Address 2632 So. Kingshighway St. Louis 10, Mo. Date signed 1/6/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Klen
2632 S. Kin
La 7475 1-

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 Glen C. Hab

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Av

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.