

No. 300  
1-10-47  
5-17-39  
I 3906

**FILED DEC 23 1948**

**318**

Registration District No. ....

**1003**

Registrar's No. **10740**

WRITE PLAINLY—USE 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:  
4532 Davison  
(If not in hospital or institution, write street number or location)

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

In this community 59 years  
years, months or days

3: (a) PRINT FULL NAME BERTHA MOENSTER

3. (b) If veteran, name war \_\_\_\_\_

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

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Christ B. Moenster

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: August 23 1889  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<input checked="" type="checkbox"/> 59	3	17	hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Ernst Klieman

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

14. Maiden name Emma Lammers

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

16. (a) Informant Christ B. Moenster

(b) Address 4532 Davison

17. (a) Burial (b) Date thereof Dec. 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) DEC 13 1948 (b) J. B. Lassiter  
(Date received local registrar) (Registrar's signature)

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. 4532 Davison  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10  
year 1948 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 1  
1946 to Dec 10 1948  
that I last saw her alive on Dec 10 1948, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Duration 2 weeks

Due to High Blood Pressure 2 yrs

Due to \_\_\_\_\_

Other conditions 9/11  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy none

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)

23. Signature J. B. Lassiter (M. D. or other)  
Address 4903 Belmont Date signed Dec 11/48

Dr. J. S. Homan  
4903 Delmar  
12:30-3:30 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.....

*Max L. Warfel*

Licensed Embalmer No.....

*4170*

P. O. Address.....

*1936 St Louis Ave*

**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.**