

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

28375

State File No. \_\_\_\_\_  
 Registrar's No. 7701

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>7701</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>6 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>City Of St. Ann</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros. Hospital</u>				STREET ADDRESS (If rural, give location) <u>3608 St. Joachim Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Muench</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 7, 1879</u>	
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Oil Man</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Oil</u>		11. BIRTHPLACE (State or foreign country) <u>New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>William Muench</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Baumer</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Davis Muench</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494 03 7319</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Marie Muench 3608 St. Joachim Lane</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>uremia</u>  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Bladder</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Ann Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>181X</u>			
22. I hereby certify that I attended the deceased from <u>Sept 1, 1949</u> , to <u>Sept 4, 1949</u> , that I last saw the deceased alive on <u>Sept 3, 1949</u> and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Elmer E. Sinton M.D. Paul Brown Bldg.</u>				23b. ADDRESS		23c. DATE SIGNED <u>Sept 4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/7/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carlinville Ill.</u>	
DATE REC'D BY LOCAL REG. <u>SEP 6 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Saccato</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Collier's Funeral Home</u>			

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

5638 Kingsbury

None

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chas. P.

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.