

FILED NOV 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35418

State File No. 9302

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (in this place) 40 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 3201 N. Newstead Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3201 N. Newstead Ave				d. STREET ADDRESS (If rural, give location) 3201 N. Newstead Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Joseph		c. (Last) Moenster		4. DATE OF DEATH (Month) (Day) (Year) 10/27/49	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11/5/77	
9. AGE (In years last birthday) 71		10. KIND OF BUSINESS OR INDUSTRY Drygoods		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Drygoods		11. BIRTHPLACE (State or foreign country) St. Louis		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Henry Moenster			13b. MOTHER'S MAIDEN NAME Elizabeth Hope			14. NAME OF HUSBAND OR WIFE Hope	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-03-9458		17. INFORMANT'S SIGNATURE OR NAME Hope S Moenster ADDRESS 3201 N. Newstead			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinson's disease				INTERVAL BETWEEN ONSET AND DEATH many years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis				" "	
		DUE TO (c) Generalized arteriosclerosis				" "	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) 91			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 332X			
22. I hereby certify that I attended the deceased from July 4, 1949 , to 27 Oct, 1949 , that I last saw the deceased alive on 27 Oct, 1949 , and that death occurred at 3 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE McGovern M.D. (Degree or title)				23b. ADDRESS 3699 N. Newstead		23c. DATE SIGNED 28 Oct 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/31/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cmt		24d. LOCATION (City, town, or county) (State) St. Louis - Mo	
DATE RECEIVED BY LOCAL HEALTH DEPT OCT 29 1949		REGISTRAR'S SIGNATURE J B Basater		FUNERAL DIRECTOR'S SIGNATURE Harrigan-Sheehan ADDRESS 4415 Washington.			

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

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 Wm Binkley

Licensed Embalmer No. 36531

P. O. Address 14 Green St

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.