

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25092**
Registrar's No. **5975**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI , b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO.		c. LENGTH OF STAY (in this place) WIFE	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS MO		d. STREET ADDRESS (If rural, give locality) 1608A. N. 16th STR. 22nd
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROTHERS HOSP.					
3. NAME OF DECEASED (Type or Print) a. (First) ALEXIS , b. (Middle) A. , c. (Last) MUENCH			4. DATE OF DEATH (Month) JULY , (Day) 10 , (Year) 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MCH. 26-1908.	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR		10b. KIND OF BUSINESS OR INDUSTRY TRUCKING TRANSFER	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ALEXIS MUENCH		13b. MOTHER'S MAIDEN NAME ANNA DALER	14. NAME OF HUSBAND OR WIFE LEONA MUENCH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES NOV. 42-NOV. 45		16. SOCIAL SECURITY NO. 494-09-9064	17. INFORMANT'S SIGNATURE OR NAME Leona Muench ADDRESS 1608 N. 16th St. St. Louis, Mo.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, Left lower lobe ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 13 days
			II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 1. Fatty infiltration of liver 2. Dilatation of heart with brown atrophy		Unknown Unknown
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? H91X		
22. I hereby certify that I attended the deceased from 12:30 P.M. - 1950 , to 7-10-1950 , that I last saw the deceased alive on 7-10-1950 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE F. Mangano (Degree or title) 2nd.			23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 7-11-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 13 1950	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO. MO.	
DATE REC'D BY LOCAL REG. JUL 11 1950		REGISTRAR'S SIGNATURE J. B. Farver		25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co. ADDRESS 1827 Hogan St.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

John Bentley

Licensed Embalmer No. *3657*

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.