

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2443
1003
REG. DIST. NO. 318
PRIMARY REG. DIST. NO. 1003
Registrar's No. 65

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE <u>Mo</u> c. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) <u>24 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> <u>2159</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3967 Schiller Pl</u>			d. STREET ADDRESS (If rural, give location) <u>3967 Schiller Pl</u> <u>0</u>		

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Louise</u>		b. (Middle) _____		c. (Last) <u>Crockwell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2, 1951</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow 2</u>		8. DATE OF BIRTH <u>Feb 12, 1869</u>		9. AGE (In years last birthday) <u>81</u> If under 1 year: Months _____ Days _____ If under 11 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Raymond, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Munstermann</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE _____	
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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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Veronica Zintel</u>		ADDRESS <u>3967 Schiller Pl</u>	
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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) <u>Chronic Myocarditis & Myo</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
	ANTECEDENT CAUSES <u>Cardiac Degeneration</u>		
	DUE TO (b) <u>Arterio Sclerotic Heart Disease</u>		
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) _____	
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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 <u>H2O</u>	
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22. I hereby certify that I attended the deceased from 25 Aug, 1947, to JAN., 1950, that I last saw the deceased alive on 2 Jan, 1951, and that death occurred at 10:50 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. W. A. Youngman M.D.</u>		23b. ADDRESS <u>5439 Gravois</u>		23c. DATE SIGNED <u>4 Jan 51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>		24b. DATE <u>1/5/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Martens Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmersville, Ill.</u>	
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DATE REC'D BY LOCAL REG. <u>JAN 10 1951</u>		REGISTRAR'S SIGNATURE <u>J. L. Ziegenhein</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J L Ziegenhein & Sons</u>		ADDRESS <u>7027 Gravois</u>	
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4 1951

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Frank J. Dwan

Signed.....
Student Embalmer

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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.