

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23170**

**FILED JUN 21 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1482**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lemay</b> <b>4000</b>	
c. LENGTH OF STAY (In this place) <b>5 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>1905 Gloria Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1905 Gloria Road</b>		e. STREET ADDRESS <b>1905 Gloria Road</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Max</b> b. (Middle) <b>J.</b> c. (Last) <b>Munzert</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 4 1952</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 26 1870</b>	9. AGE (In years last birthday) <b>81</b>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Blacksmith</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SMITHERY</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Carl Munzert</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jose Munzert</b>	ADDRESS <b>1905 Gloria Rd.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>17 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes Mellitus</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>4200</b>
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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?
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22. I hereby certify that I attended the deceased from **5-14, 1952**, to **6-4, 1952**, that I last saw the deceased alive on **6-4, 1952**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>R.V. Purcell M.D.</b>	(Degree or title)	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>6-6-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-7-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset</b>	24d. LOCATION (City, town, or county) (State) <b>Afton St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-6-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donker, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. P. Fendler Jr.</b>	ADDRESS <b>7128 Michigan</b>
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SW (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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*W E Morris*

Licensed Embalmer No. 3360

P. O. Address. St Louis

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.