

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **23171**

 BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1592**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, write RURAL and give township) Sappington	a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place) 15 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) Sappington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kennerly Road R.R. 6		d. STREET ADDRESS (If rural, give location) R.R. #6 Kennerly Road	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) Adam J.	b. (Middle) J.	c. (Last) Munzlinger	(Month) 6-13-1952	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-10-1871	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Adam Munzlinger	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Kate Munzlinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME <i>Kate Munzlinger</i>
		ADDRESS Sappington MO. R.R. 6

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to June 14, 1952, that I last saw the deceased alive on 6-14, 1952, and that death occurred at 7:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Robert W. Ticever MD.</i>	(Degree or title)	23b. ADDRESS P.O. Box 6 Sappington Mo.	23c. DATE SIGNED 6/15/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-16-1952	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) 10180 Gravois Road Mo

DATE REC'D BY LOCAL REG. 12/15-52	REGISTRAR'S SIGNATURE <i>Nesbert R. Donke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>NO Ziegenheim Bros</i>	ADDRESS 6409 Gravois Ave
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(Licensed Embalmer's Statement on Reverse Side)
534

 Sappington Mo VI 34163 400
 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.....

Lawrence M. Seymour

Signed.....

Student Embalmer

Licensed Embalmer No. *4343*

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.