.S. No. 300
ev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40547

FILED DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10676

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3404a Humphrey

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2169 D
d. STREET ADDRESS (If rural, give location): 16 3404a Humphrey

3. NAME OF DECEASED (Type or Print)
a. (First): Jeanette
b. (Middle): Munsie
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): Nov. 18, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jul. 17, 1898
9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and State or Foreign Country): Minn.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Isac Fischer
13b. MOTHER'S MAIDEN NAME: Josephine Goswitz
14. NAME OF HUSBAND OR WIFE: Geo. E. Munsie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME | ADDRESS: Geo. E. Munsie 3404a Humphrey

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH: One yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — Two yrs.

19a. DATE OF OPERATION: Feb. 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of colon
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 153X

22. I hereby certify that I attended the deceased from Oct. 23, 1952, to Nov. 18, 1952, that I last saw the deceased alive on Nov. 18, 1952, and that death occurred at 5p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Grace E. Bergner, M.D.
23b. ADDRESS: 114 N. Taylor, St. Louis
23c. DATE SIGNED: 11-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 11-21-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Sullivan, Ill.

DATE REC'D BY LOCAL REG.: NOV 20 1952
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS: Southern Funeral Home 6322 S. Grand

E.P. (Licensed Embalmer's Statement on Reverse Side)

Dr. Grace Bergner
114 N. Taylor
1 to 5 p.m.

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 David Van Fossan.

Licensed Embalmer No. 4542

P. O. Address 6322 So Grand.

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.