

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44158

State File No. _____

5. No. 300
v. 10.48

FILED DEC 30 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>3240</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Des Peres</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>			
c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pond</u>		d. STREET ADDRESS (If rural, give location) <u>Highway 50</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>4990 74</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway # 50</u>				d. STREET ADDRESS (If rural, give location) <u>Highway 50</u>					
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX			
a. (First) <u>Emma</u>	b. (Middle) <u>Louisa</u>	c. (Last) <u>Muckensturm</u>	(Month)	(Day)	(Year)	Female	6. COLOR OR RACE <u>White</u>		
(Type or Print)	Dec.	17,	1952	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
<u>Widower</u>	<u>Apr. 25, 1872</u>	<u>80</u>	<u>Retired Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME		
<u>Franklin Co., Missouri</u>	<u>U.S.A.</u>	<u>Louis Duebbert</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Meier</u>	14. NAME OF HUSBAND OR WIFE <u>Edw. Muckensturm</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Bauer, Kirkwood 22, Mo.</u>		
18. CAUSE OF DEATH	MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH	19a. DATE OF OPERATION <u>10-30-52</u>	19b. MAJOR FINDINGS OF OPERATION <u>as no. 11.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal pneumonia (lobar)</u>	<u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES	DUE TO (b) <u>Chronic myocarditis</u>	10 years	DUE TO (c) <u>Pernicious anemia</u>	15 years	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture neck of Right Femur</u>	6 weeks	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pond St. Louis Mo.</u>	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-30-52-2P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tripped on rug + fell to floor.</u>	22. I hereby certify that I attended the deceased from <u>6-2, 1942</u> , to <u>12-16, 1952</u> , that I last saw the deceased alive on <u>12-16, 1952</u> , and that death occurred at <u>3:05P m.</u> , from the causes and on the date stated above.	23a. SIGNATURE (Name or title) <u>H. B. Schumaker</u>	23b. ADDRESS <u>Cureka, Mo.</u>	23c. DATE SIGNED <u>12-18-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glencoe Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Glencoe, Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Schrader</u>	ADDRESS <u>Funeral Home, Ballwin, Mo.</u>	DATE REC'D BY LOCAL REG. <u>12-19-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. G. Schrader</u>	ADDRESS <u>Funeral Home, Ballwin, Mo.</u>

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, 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.