

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 23 1954

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 638

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hts.</u>		c. CITY OR TOWN <u>Webster Groves</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 Week</u>		e. STREET ADDRESS (If rural, give location) <u>1421 Cheshire Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DAVID</u>	b. (Middle) <u>A.</u>	c. (Last) <u>MUNN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 10 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 26, 1907</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer Corp.-U. S. Army</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Munn</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Murphy</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Munn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give year or dates of service) <u>World War 2</u>	16. SOCIAL SECURITY NO. <u>499-01-3937</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Munn</u>	ADDRESS <u>1421 Cheshire Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of myocardium</u>		<u>24 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c)		<u>6 mos.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity due to excess food</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) (Min.)	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 3-9-1954, to 3-10-1954, that I last saw the deceased alive on 3-10-1954, and that death occurred at 9:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George A. Mahe M.D.</u>	23b. ADDRESS <u>4161 Lindell Blvd.</u>	23c. DATE SIGNED <u>3-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar. 13, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/12/54</u>	REGISTRAR'S SIGNATURE <u>Heckard R. Tomke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>
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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.....
Signature of Student Embalmer

Signed *Richard W. Stone*.....

Licensed Embalmer No. *40*.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.