

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10791

State File No.

FILED MAR 23 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 637

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u> c. LENGTH OF STAY (In this place) <u>23 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>8120 Zoe Drive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Louise</u> c. (Last) <u>Muren</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>10</u> (Year) <u>54</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-2031</u>	
9. AGE (In years last birthday) <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>	
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CECIL W. KEPLER</u>		13b. MOTHER'S MAIDEN NAME <u>EULA MARKHAM</u>	
14. NAME OF HUSBAND OR WIFE <u>William Muren</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>492-30-2216</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM MUREN</u>		ADDRESS <u>8120 ZOE DR.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Anemia</u>	
		DUE TO (c) <u>Nephritis + Renal insufficiency</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Hydronephrosis</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		6 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>603X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>2-15-54</u>, 19<u>54</u>, to <u>3-10</u>, 19<u>54</u>, that I last saw the deceased alive on <u>3-10</u>, 19<u>54</u>, and that death occurred at <u>7:10</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <u>W. D. Gordon M.D.</u>		23b. ADDRESS <u>912 Airport Rd. Ferguson</u>	
23c. DATE SIGNED <u>3/10/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 13 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO</u>	
DATE REC'D BY LOCAL REG. <u>3/12/54</u>		REGISTRAR'S SIGNATURE <u>Herbert K. Annke</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>KRIEGSHAUSER</u>		ADDRESS <u>4228 S. KINGS HIGHWAY</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 W. Stoesand

Licensed Embalmer No. 4007

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.