

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24146**  
**5379**

FILED AUG 2 - 1955

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5379**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>		c. CITY OR TOWN <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>10 4249 Holly Ave.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b>		b. (Middle) <b>S.</b>		c. (Last) <b>Mueninghaus</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1955</b>		5. SEX <b>female</b> / 6. COLOR OR RACE <b>white</b>					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>		8. DATE OF BIRTH <b>June 20, 1865</b>		9. AGE (In years last birthday) <b>90</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri.</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Laubach</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Giesler</b>			
14. NAME OF HUSBAND OR WIFE <b>deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lucille Gray</b>		ADDRESS <b>4249 Holly Ave.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolism</b> ANTECEDENT CAUSES DUE TO (b) <b>Phlebotrombosis left lower extremities</b> DUE TO (c) <b>Fract neck of left femur</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4 8 hrs.</b>	
19a. DATE OF OPERATION <b>6-18</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fract. of neck of left femur</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, MO 6 St. Louis, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-17-55 5P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fall at home</b>			
22. I hereby certify that I attended the deceased from <b>6-18-55</b> , to <b>6-20-55</b> , that I last saw the deceased alive on <b>6-20-55</b> , and that death occurred at <b>9:30 P.M.</b> , from the causes and on the date stated above. <b>21</b>							
23a. SIGNATURE (Degree or title) <b>Marshall B Conrad M.D.</b>		23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>6-20-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-23-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>			
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Missouri.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc.</b> ADDRESS <b>2161 E. Fair Ave.</b>					
DATE REC'D BY LOCAL REG. <b>JUN 21 1955</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>					

WRITE PLAINLY—USING UNFAADING 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 *Wilford G. Beasley*.....  
Licensed Embalmer No. *426*

P. O. Address *St. Louis*.....

**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.