

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2894

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 179

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF LIFE (in this place) Life	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 4512a Red Bud Avenue, 15,		e. STREET ADDRESS (If rural, give location) 4512a Red Bud Avenue, 15, 20910	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) F.	c. (Last) MUENSTERMANN	4. DATE OF DEATH (Month) (Day) (Year) January 4th, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 21st, 1882	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? USA
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Shipping clerk	10b. KIND OF BUSINESS OR INDUSTRY Renard Carpet Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Muenstermann	13b. MOTHER'S MAIDEN NAME Louise Bohkemper	14. NAME OF HUSBAND OR WIFE Jessie Maenstermann nee Mc Connell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. 490-01-3127	17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Muenstermann, 4512a Red Bud Ave	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of urinary bladder		
	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. Hypertensive Cardiovascular disease		3 years	

19a. DATE OF OPERATION 10-27-55	19b. MAJOR FINDINGS OF OPERATION Carcinoma involving left half of urinary bladder	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., near about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 181X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Jan 1, 1953, to Jan 4, 1956, that I last saw the deceased alive on Jan 4, 1956, and that death occurred at 10:15P m., from the causes and on the date stated above.

23a. SIGNATURE Oliver Tjollal (Degree or title) M.D.	23b. ADDRESS 4222 N. Grand	23c. DATE SIGNED 1-5-56
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 1/7/56	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. JAN 6 1956	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.	ADDRESS
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mJB (Licensed Embalmer's Statement on Reverse Side)

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

11:00AM to 4:00PM
Friday Sure

File in City.

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 *Ralph C. Jander*.....

Licensed Embalmer No. *427*

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.