

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019983
STATE FILE NUMBER 4713

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4713

FILED MAY 16 1958

S. 300
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda General Hospital		Length of stay in 1b 10 Days	d. STREET ADDRESS (If outside, give location) 5320 Ridge Avenue
3. NAME OF DECEASED (Type or print) First Middle Last Henrietta - Muench			4. DATE OF DEATH Month Day Year May 1 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-8-1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 87 Months Days Hours Min.
11. BIRTHPLACE (City and state or country) London, England		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Koester		13b. MOTHER'S MAIDEN NAME Eva Elizabeth Hauser	14. NAME OF HUSBAND OR WIFE Robert Muench
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. None	17. INFORMANT Address Roy T. Muench, Son, 5320 Ridge Avenue.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circumstances of body of pressure - not stated, unknown</u> DUE TO (b) <u>to regional lymph node cancer</u> DUE TO (c) <u>Stomach cancer</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 157x	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>February 1/58</u> to <u>April 30/58</u> and last saw her/him alive on <u>April 30/58</u> Death occurred at <u>1:25</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Francis R. Ritchie M.D.		22b. ADDRESS 5233 Waterman Ave.	22c. DATE SIGNED 5/1/1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/3/1958	23c. NAME OF CEMETERY OR CREMATORY St. Trinity Lutheran Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, Inc. 6175 Delmar		25. DATE RECD. BY LOCAL REG. MAY 2 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.

Dr. Frances Ritchie
5233 Waterman Ave.
FO. 7-5071

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 *Jos. E. McCulloch*

Licensed Embalmer No. *2469*

P. O. Address *6175 Edman*

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.