

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030738

STATE FILE NUMBER

8465

SEP 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8465

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0362 CITY OR TOWN Washington Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
38 FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION Busch Stadium		Length of stay in 1b 2 hrs.	d. STREET ADDRESS (If outside give location) 31 S. Cedar Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Frederic (Fred) A. Mauntel			4. DATE OF DEATH Month Day Year Sept. 1, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 27, 1893	
9. AGE (In years last birthday) 64		10. UNDER 1 YEAR Months 8		11. UNDER 24 HRS. Days 4 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Supermarket	11. BIRTHPLACE (City and state for country) Washington, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Fred J. Mauntel		13b. MOTHER'S M maiden name Amelia Rection		14. NAME OF HUSBAND OR WIFE Lucile Mauntel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-36-3860	17. INFORMANT Mrs. Lucile Mauntel, Washington, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) coronary thrombosis, acute coronary sclerosis DUE TO (b) coronary sclerosis DUE TO (c) 420.1			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years several years
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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
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21. I attended the deceased from Nov. 1957 to - and last saw her alive on 11/3/57  
Death occurred at 2:18 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward Masse (Degree or title) Edward Masse M.D.	22b. ADDRESS 457 N. Kingshighway	22c. DATE SIGNED 9/1/58
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Sept 4, 1958	23c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery	23d. LOCATION (City, town, or country) (State) Washington, Missouri
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24. FUNERAL DIRECTOR Nieburg & Witt S. H. Witt.	25. DATE RECD. BY LOCAL REG. SEP 2 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MS  
CCT 21 1958

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 Lester A. Witt .....  
Licensed Embalmer No. 3254 .....  
P. O. Address Washington, D.C.

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.