

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042861
STATE FILE NUMBER

FILED NOV 20 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2794

1. PLACE OF DEATH a. COUNTY St. Louis		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) OR TOWN Lemay		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 Mary Ridge Nursing		Length of stay in 1b 2yrs	d. STREET ADDRESS (If outside, give location) 3721 a Gravois
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Marian Ann Mueninghaus			4. DATE OF DEATH Month Day Year Oct 30 1958	
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr 12 1910	9. AGE (In years last birthday) 48	10. F UNDER 1 YEAR Months Days	11. F UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hairdresser	10b. KIND OF BUSINESS OR INDUSTRY Beauty Salon	11. BIRTHPLACE (City and state or country) St. Louis Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Mueninghaus	13b. MOTHER'S MAIDEN NAME Rose Glaser	14. NAME OF HUSBAND OR WIFE none
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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	16. SOCIAL SECURITY NO. unk.	17. INFORMANT Address Joseph H. Koehler 3156 Geyer
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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) <i>Distraction on road / Poisoning of Car with gas</i> DUE TO (b) <i>Anystrophic Leukemia</i> DUE TO (c) <i>Unknown</i>		INTERVAL BETWEEN ONSET AND DEATH <i>12 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <i>3.5.6-1.</i>
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from <i>May 2 1946</i> to <i>Nov 21 1958</i> and last saw her alive on <i>Nov 25 58</i> . Death occurred at <i>7:25 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>Martin J Glaser</i> (Degree or title) MD	22b. ADDRESS 506 Olive	22c. DATE SIGNED 10/31/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 3 58	23c. NAME OF CEMETERY OR CREMATORY Hiram	23d. LOCATION (City, town, or county) (State) St. Louis Cty Mo
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24. FUNERAL DIRECTOR E. J. Schnur	ADDRESS 3125 Lafayette	25. DATE RECD. BY LOCAL REG. 10-31-58	26. REGISTRAR'S SIGNATURE <i>Hubert B. Dombek</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
-57

89.

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 *Thomas R Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *3125 Lafayette*

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.