JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 25 1960

-60-008657
STATE FILE NUMBER

NDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 21809

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) OR TOWN St. Louis — Length of stay in 1b	c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 930 Canaan Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First	Middle	Last	4. DATE OF DEATH Month	Day	Year
EDWARD	H	MUENINGHAUS	February	14	1960

5. SEX	6. COLOR OR RACE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HR Hours	Min.
Male	White		5/17/1883	76 years				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Clerk	Railroad	St. Louis, Missouri	U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Louis A. Mueninghaus	Caroline Buckhorst	Ida C. Mueninghaus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address
No			Ida Mueninghaus-930 Canaan-St.Louis 15,Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) with metastasis — 8 yrs +

DUE TO (c) 181.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1953, to 1960 and last saw her/him alive on Jan 8 1960

Death occurred at 7:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Albert L. Samson M.D. (Degree or title) — 22b. ADDRESS 8321 N. Broadway — 22c. DATE SIGNED 2/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal — 23b. DATE 2/17/60 — 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery — 23d. LOCATION (City, town, or county) St. Louis County, Missouri (State)

24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY — ADDRESS 5967 W.Florissant Ave

25. DATE RECD. BY LOCAL REG. FEB 16 1960

26. REGISTRAR'S SIGNATURE Noal Smith, M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4551

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.