

REGISTRATION DISTRICT NO. 318 Primary Registration District No. 1003 REGISTRAR'S NO. 10780

FILED VS. NOV 17 1960

318

Primary Registration District No. 1003

REGISTRAR'S NO. 10780

-60-043992

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b		c. CITY OR TOWN <b>Affton</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>9571 Yuma Dr.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>FLOYD</b> Middle <b>C.</b> Last <b>MUNN</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>6</b> Year <b>1960</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2-22-1885</b>		9. AGE (last birthday) <b>75</b>			
IF UNDER 1 YEAR Months		IF UNDER 24 HR Days		IF UNDER 24 HR Hours		IF UNDER 24 HR Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman-Brinkop Realty Co.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Co.</b>		11. BIRTHPLACE (City and state or country) <b>Portsmouth, Ohio</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Unknown Munn</b>				13b. MOTHER'S MAIDEN NAME <b>Unknown</b>				14. NAME OF HUSBAND OR WIFE <b>Irma Stelzer Munn</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>489-09-3249A</b>		17. INFORMANT <b>Irma Stelzer Munn 9571 Yuma Dr.</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hr.</b>			
IMMEDIATE CAUSE (a) <b>Acute myocardial infarction due to arteriosclerotic coronary occlusion</b>											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.											
DUE TO (b)											
DUE TO (c) <b>4201</b>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic hypertensive cardiovascular disease</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.)							
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year									
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			
21. I attended the deceased from <b>10-24-60</b> , to <b>11-6-60</b> and last saw her alive on <b>11-6-60</b> Death occurred at <b>1:00 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>C. E. Mueller</i>				(Degree or title) <b>M.D.</b>		22b. ADDRESS <b>634 N. Grand Blvd.</b>		22c. DATE SIGNED <b>11-8-60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Nov. 9, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Mausoleum</b>		23d. LOCATION (City, town, or county) <b>St. Louis Co., Mo.</b>		(State)			
24. FUNERAL DIRECTOR <b>Kriegshauser 4228 S. Kingshighway Blvd.</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>NOV 8 1960</b>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

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 R. W. Stovessand

Licensed Embalmer No. 4007

P. O. Address St. Louis

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