

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049793

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11944

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 20 1963

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |   | Length of stay in 1b<br><b>Years</b>  | c. CITY OR TOWN <b>St. Louis,</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>D.O.A. St. Louis City Hosp</b>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>4478 Clarence Avenue</b> |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>MINNIE</b> Middle <b>J.</b> Last <b>MUENCH</b>  |   |   | 4. DATE OF DEATH<br>Month <b>December</b> Day <b>2</b> Year <b>1963</b>   |  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12-28-1884</b>   | 9. AGE (last birthday)<br><b>78</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Phelps Co., Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |
| 13a. FATHER'S NAME<br><b>William Yelton</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Ritchie</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Charles G. Muench, deceased</b>            |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT<br>Address<br><b>Mr. Oral Muench, 1642 Monticello Drive</b>   |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b><br>DUE TO (b) <b>Arterio sclerosis</b><br>DUE TO (c) <b>420.1</b> |   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour 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<br>COUNTY STATE  |  |   |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.<br>Death occurred at <b>9:50 p</b> m on the date stated above, and to the best of my knowledge, from the causes stated.                |   |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Helena L. Taylor, Coroner</b>  |   |   | 22b. ADDRESS<br><b>1300 Clark Ave.</b>  |  | 22c. DATE SIGNED<br><b>12-3-63</b>  |
| 23a. REMOVAL (Specify)<br><b>via MOTOR</b>  | 23b. DATE<br><b>Dec. 5, 1963</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Millcreek Cemetery</b>   | 23d. LOCATION (City, town, or county)<br><b>Newberg, Missouri</b>   |  | (State)   |
| 24. FUNERAL DIRECTOR<br><b>CALVIN F. FEUTZ, 4828 Natural Bridge Bl.</b>   |   |   | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 3 1963</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Paul Smith, M.D.</b>                         |   |

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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**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.

**This Remains is not embalmed**

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert E. Muhleman

Licensed Embalmer No. 4916

P. O. Address St. Louis, Mo

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.