

FILED APR 12 1940
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Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 315

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1624 Dewey Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 57 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert Christian Muench 520

8. (b) If veteran, name war ✓

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ida Elizabeth

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 5 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>0</u>	<u>13</u>	hr. min.

9: Birthplace Waldeck, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Miller

11. Industry or business Flour Mill

MOTHER FATHER

12. Name Fred Muench

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Wallschmidt

15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Albert H. Muench M.D.

(b) Address 1624 Dewey Avenue, St. Joseph

17. (a) burial (b) Date thereof March 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Mt. Mora Cemetery St. Joseph, Missouri

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1562 Farnon, St. Joseph, Missouri

19. (a) March 20 1940 W. J. Nuttle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1624 Dewey Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 57 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1940 hour 8 minute 45 a. M.

21. I hereby certify that I attended the deceased from Aug. 1
1930, to March 18 1940
that I last saw him alive on March 18 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocardosis Duration

Due to 43C

Due to

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: ✓
Of operations ✓

Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

85 While at work? (Specify type of place)

(e) Means of injury

23. Signature Albert H. Muench (M. D. or other)
Address Phys. & Surg. Bldg. Date signed 3-18-40
St. Joseph.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed H. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri.

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 this body is not embalmed, above space should be left blank.