N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8890

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2300

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Alexian Brothers Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00016

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 3538a Humphrey St. 7 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Rembert Von Muenchhausen

3. (b) If veteran, name war ---

3. (c) Social Security No. 492-09-0900

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Hildagarde

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased August (Month) 5, (Day) 1875 (Year)

8. AGE: Years 65 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Staats Von Muenchhausen
13. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Dorothy Maiboom
15. Birthplace Unknown (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant's own signature Hildagarde Von Muenchhausen

(b) Address 3538a Humphrey St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/13/41 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 2331 S. Broadway

19. (a) MAR 13 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1941 hour 3 minutes 35 a. M.

21. I hereby certify that I attended the deceased from March 5, 1941, to March 12, 1941 that I last saw him alive on March 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 Wk
Infarct Left Ventricle	
Due to Hypertensive Cardio V	4 yrs
Due to Renal Disease	
Cerebral Embolism	4 days
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy as above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. R. Huddy (M. D. or other)

Address Univ. Club Bl. Date signed 3/12/41

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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