

FILED DEC 1 1942

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9707

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
7583 Parkdale
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Benjamin Munchweiler
3. (c) Social Security No. _____
3. (b) If veteran, name war _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 20
year 1942 hour _____ minute 4:45 P.M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Rose Munchweiler 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 22 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 6 1942 to Nov. 20 1942, that I last saw him alive on Nov. 20 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 8 Days 28 If less than one day _____ hr. _____ min.

Immediate cause of death Pulmonary Infarct
Broncho pneumonia
Duration 3 days

9. Birthplace Cincinnati Ohio (City, town or county) (State or foreign country)

Due to arteriosclerotic Heart Disease with Decompensation
Due to _____

10. Usual occupation Retired

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

11. Industry or business Shoe Merchant

Major findings: Of operations _____

12. Name not known

Of autopsy As above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

13. Birthplace not known (City, town or county) (State or foreign country)

14. Maiden name not known

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

16. (a) Informant Josephine Munchweiler
(b) Address 7583 Parkdale

17. (a) burial (b) Date thereof 11 22 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sinai

18. (a) Signature of funeral director H. Benschkoff
(b) Address 5216 Delmar

19. (a) NOV 22 1942 (b) J. F. Bredeck
(Data received local registrar) (Registrar's signature)

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? _____

23. Signature Heruan M. Meyers (M. D. or other) M. D.
Address 508 N. Grand Date signed 12/24/42

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

MOTHER FATHER

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 *C. W. Cooper*.....

Licensed Embalmer No. *3830*.....

P. O. Address *5216 Delmar*.....

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, fact should be so stated above.