

FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42765

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11123

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:
Lutheran 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)

3. (a) PRINT FULL NAME **John Louis Muentner**

3. (b) If veteran, name war.....**Nil**
 3. (c) Social Security No.....**Unknown**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife.....**Adeline Muentner**
 6. (c) Age of husband or wife if alive.....**1884** years
 7. Birth date of deceased.....**April 10 1884**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 8 13
 hr. min.

9. Birthplace.....**Venedy Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Flour Miller**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Muentner**
 13. Birthplace **Unknown Germany 4**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Wilhelmina Auidenbrink**
 15. Birthplace **Germany 4**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Harry Muentner**
 (b) Address **Nashville, Ill.**

17. (a) **Removal** (b) Date thereof **12-24-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Hoyleton, Illinois**

18. (a) Signature of funeral director.....**Albert H. Hoppe**
 (b) Address.....**4700 Washington Blvd.**

19. (a) **DEC 26 1946** (b) *[Signature]*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Washington 999**
 (c) City or town.....**Hoyleton**
 (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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23**
 year **1946** hour **3** minute **20 P.** M.

21. I hereby certify that I attended the deceased from
Dec. 20th 1946 to **Dec. 23 1946**
 that I last saw him alive on **Dec. 23 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death.....**Acute Coronary Thrombosis** Duration **3 days**

Due to.....

Due to.....

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

Major findings:
 Of operations.....**None**

Of autopsy.....**None**

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature **EE Hindel M.D.** (P. or other)
 Address **3651 Grand St.** Date signed **12/26/46**

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 *Ernest W. Spillars*

Licensed Embalmer No. *4080*

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.