No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

24559

State File No.

FILED AUG 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6767

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

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: 5851 Nina Pl. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community abt 10 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County 17

(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")

(d) Street No. 5851 Nina Pl.
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Berthold Munster

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

3. (c) Social Security No. none

4. Sex male()

5. Color or race W.

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

6. (b) Name of husband or wife Toni Rubel Munster

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May (Month) 26 (Day) 1889 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 59 | 2 | 5 | hr. min. |

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

10. Usual occupation Drug salesman

11. Industry or business

FATHER
12. Name Simon Munster
13. Birthplace (City, town, or county) Germany 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 1 (State or foreign country)

16. (a) Informant Mrs Bert Munster
(b) Address 5851 Nina Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) AUG 2 - 1948 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 31st year 1948 hour 1 minute 45 P M.

21. I hereby certify that I attended the deceased from January 1945 to July 31 1948; that I last saw him alive on July 31 1948; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral hemorrhage | 24 hrs |
| arteriosclerotic hypertensive | |
| Due to heart disease | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Herman M. Greyer (M. D. or other) M.D.
Address 508 N. Grand Date signed 8/1/48

Jefferson City Printing Co.

(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 Gustav W. Dietrich

Licensed Embalmer No. 4329

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