

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17558

State File No. 4223

1003

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>4362 Easton Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None 4362 Easton</u>				d. STREET ADDRESS (If rural, give location) <u>4362 Easton Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lua</u>			b. (Middle) _____		c. (Last) <u>Munley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 8 49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cold</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>(A)</u>	8. DATE OF BIRTH <u>Not known</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Holly Springs Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Not known</u>		13b. MOTHER'S MAIDEN NAME <u>Ann</u>		14. NAME OF HUSBAND OR WIFE <u>Frederick Munley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Munley</u> ADDRESS <u>4362 Easton</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis Agytaus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Caution</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>unk. yrs</u> <u>3/14/49</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>350X</u>					
22. I hereby certify that I attended the deceased from <u>5-14</u> , 19 <u>49</u> , to <u>5-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-6</u> , 19 <u>49</u> , and that death occurred at <u>6:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Witt Mauseler</u>			23b. ADDRESS <u>4330<sup>th</sup> Easton</u>			23c. DATE SIGNED <u>5-9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-12-49</u>	24c. NAME OF REMETERY OR CREMATORY <u>Father's Dickson</u>		24d. LOCATION (City, town, or county) (State) <u>Wickwood MO</u>		
DATE REC'D BY LOCAL REG. <u>MAY 11 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sarsater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. P. Neal</u> ADDRESS <u>2726 Lucas</u>			

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

**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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Frederic J. Gaudell*

Licensed Embalmer No. ....

*4243*

P. O. Address.....

*14 May 2nd St*

**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.