

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29841

State File No. ....

FILED AUG 15 1952

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7260</b>		
1. PLACE OF DEATH a. COUNTY <b>0</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>St. Louis, Mo.</b> b. COUNTY <b>2049</b>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>5 mo. 10 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>6430 Wise Ave.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ann</b> b. (Middle) <b>Munzlinger</b> c. (Last) <b>Munzlinger</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1952</b>					
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>May 14, 1864</b>		
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>14</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Peter</b>			13b. MOTHER'S MAIDEN NAME <b>Margaret Schwartz</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Records City Infirmary, 5800 Arsenal St.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  ANTECEDENT CAUSES <b>Generalized Arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>years</b> <b>years</b>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			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)				
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 <b>4200</b>				
22. I hereby certify that I attended the deceased from <b>2-18-52</b> , 19___, to <b>7-28-52</b> , 19___, that I last saw the deceased alive on <b>7-28-52</b> , 19___, and that death occurred at <b>5:55 P. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>George Lester M. D. D. C.</b> (Degree or Title)				23b. ADDRESS <b>5600 Arsenal St.</b>		23c. DATE SIGNED <b>7-29-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-31-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter + Paul's Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>JUL 29 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith</b> ADDRESS <b>7456 Manchester, Maplewood, Mo.</b>			

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

*H C Burgers*

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.