

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **813**

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW HAVEN MO	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) FREDRICK c. (Last) MUENCH			4. DATE OF DEATH (Month) (Day) (Year) 1 - 4 - 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9 - 7 - 1871		9. AGE (In years last birthday) 82 If under 1 year: Months 3 Days 27 If under 24 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY GENERAL MERCHANDISE		11. BIRTHPLACE (City and State or Foreign Country) HOLSTIEK MO	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME DON'T KNOW	13b. MOTHER'S MAIDEN NAME ELIZABETH FOELENIUS	14. NAME OF HUSBAND OR WIFE ANNIE MUENCH
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 496-14-3845	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edw. J. Heermann		ADDRESS New Haven, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) Senility		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. neglected - sclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) NEW HAVEN MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 1 - 4 - 54 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1, 1924, to June 4, 1954, that I last saw the deceased alive on June 4, 1954, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE L. C. Fertig	23b. ADDRESS 905 Elm Washington Mo	23c. DATE SIGNED 1-5-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-7-54	24c. NAME OF CEMETERY OR CREMATORY ST PETERS EV. CEM.	24d. LOCATION (City, town, or county) (State) NEW HAVEN MO
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DATE REC'D BY LOCAL REG. 1/5/54	REGISTRAR'S SIGNATURE B. Heermann	5. FUNERAL DIRECTOR'S SIGNATURE L. C. Fertig	ADDRESS 509 - 0 New Haven MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

(hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Carl P. Heiting

Licensed Embalmer No.

338 B

P. O. Address

New Haven Ct.

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.