

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7673

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 590		Registrar's No. 415	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROCK HILL		c. LENGTH OF STAY (In this place) 3 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES 4009			
d. FULL NAME OF HOSPITAL OR INSTITUTION ROCK HILL NURSING HOME				d. STREET ADDRESS (If rural, give location) 576 OAK ST. 1			
3. NAME OF DECEASED (Type or Print) FANNIE		a. (First) FANNIE		b. (Middle) J.		c. (Last) MUNIER	
4. DATE OF DEATH (Month) (Day) (Year) FEB 17 1956		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH FEB. 20, 1872		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and State or Foreign Country) O'FALLON, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		13a. FATHER'S NAME UMBARGER		13b. MOTHER'S MAIDEN NAME RACHAEL TUCKER	
14. NAME OF HUSBAND OR WIFE HENRY H. MUNIER		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. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elsa Schuman	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic myocardial</u>  ANTECEDENT CAUSES 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. <u>Cerebral Palsy</u>				INTERVAL BETWEEN ONSET AND DEATH	
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) 4221			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-21, 1955, to 2-12-56, 1956, that I last saw the deceased alive on 2-6, 1956, and that death occurred at 2:40 P.M., from the causes and on the date stated above.							
23a. SIGNATURE A. J. Mithen M.D.				23b. ADDRESS 3707 Poloma		23c. DATE SIGNED 2-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL VIA MOTOR		24b. DATE 2-14-56		24c. NAME OF CEMETERY OR CREMATORY SHILOH CEMETERY		24d. LOCATION (City, town, or county) (State) SHILOH, ILLINOIS	
DATE REC'D BY LOCAL REG. 2-13-56		REGISTRAR'S SIGNATURE Herbert R. Lombard Sr.		25. FUNERAL DIRECTOR'S SIGNATURE MITTELBERG FUNERAL HOME WEBSTER GROVES, MO.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

*John J. Haines*

Licensed Embalmer No. *4108*

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.