Health, Welfare Public Service

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1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32287
STATE FILE NUMBER

FILED SEP 26 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8284

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Missouri City Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 6009 Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Allen Middle Elvan Last Munkres
4. DATE OF DEATH Month Sept Day 5 Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 7, 1886
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad
10b. KIND OF BUSINESS OR INDUSTRY Wabash R. R.
11. BIRTHPLACE (City and state or country) Missouri City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Richard Munkres
14. MOTHER'S MAIDEN NAME Rebecca Clevenger
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) Nil.
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Bessie Munkres, Mo. City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of lung (left) with metastases to liver — INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 162x
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 21, 1956 to September 5, 1956 I last saw her/him alive on Sept. 5, 1956
Death occurred at 11:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE C. O. Vermillion, M. D. (Degree or title)
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 9/6/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9-6-56
23c. NAME OF CEMETERY OR CREMATORY Mo. City Cemetery
23d. LOCATION (City, town, or county) (State) Mo. City, Missouri.
24. FUNERAL DIRECTOR Albert H. Hoppe ADDRESS 4700 Washington
25. DATE RECD. BY LOCAL REG. SEP 7 1956
26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1 1 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley H. Sidon

Licensed Embalmer No. 41

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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