

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43595

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER
Registrar's No. **11651**

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-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital				Length of stay in 1b. 66 yrs.		d. STREET ADDRESS (If outside, give location) 16⁹ STREET 3810a Dunnica Avenue	
3. NAME OF DECEASED (Type or print) First IRENE Middle Last MUENSCH				4. DATE OF DEATH Month December Day 18 Year 1956			
5. SEX F		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 25, 1890	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector				10b. KIND OF BUSINESS OR INDUSTRY Rain-wear Mfg.		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	
13. FATHER'S NAME William Mahoney				14. MOTHER'S MAIDEN NAME Catherine McGrath			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 494-24-9371		17. INFORMANT Address Mrs. Ethel Rauschkolb 1405 Pine Street	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy DUE TO (b) Hypertensive CARDIO- DUE TO (c) VASCULAR disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH Few hrs 7 yrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 443 x			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. CITY, TOWN, OR LOCATION				20f. COUNTY STATE			
21. I attended the deceased from 1949 to 1956 and last saw ^{her} _{him} alive on 12/18/56 Death occurred at 6:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.				22c. DATE SIGNED 12/19/56			
22a. SIGNATURE (Degree or title) D.D. Michael M.D.				22b. ADDRESS 812 Olive			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-21-56		23c. NAME OF CEMETERY OR CREMATORY Pilgrims' Rest in St. Trinity		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR ADDRESS Beiderwieden F.H. Inc. 1936 St. Louis Av.				25. DATE RECD. BY LOCAL REG. DEC. 20 1956		26. REGISTRAR'S SIGNATURE Carl Smith M.D. m & B	

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by _____, Student Embalmer No. _____
working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Selvis J. Krupnik*

Licensed Embalmer No. 3

P. O. Address *H. L. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.