

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043724

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 524

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Franklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Franklin</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Washington</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Washington</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>214 E. Fifth St.,</i>		Length of stay in 1b <i>50 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>214 E. Fifth St.</i>
3. NAME OF DECEASED (Type or print) <i>Louisa F. Muench</i>		First <i>F.</i> Middle <i>M.</i> Last <i>Muench</i>	4. DATE OF DEATH Month <i>Dec.</i> Day <i>27</i> Year <i>1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 11, 1865</i>
9. AGE (In years last birthday) <i>93</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>16</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Maker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (City and state or country) <i>Germany</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. NAME OF HUSBAND OR WIFE <i>Theodore Muench</i>	
13a. FATHER'S NAME <i>Otto L. Brauer</i>		13b. MOTHER'S MAIDEN NAME <i>Lena Born</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Mrs. Adele Kiesel, Washington, Mo.</i>		Address	
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i> DUE TO (b) <i>arterio-sclerosis</i> DUE TO (c) <i>advanced age</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Hypertension</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
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.)	
20c. TIME OF INJURY Hour <i></i> Month, Day, Year a.m. <i></i> p.m. <i></i>		20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Dec 5, 1944</i> to <i>Dec 26, 1958</i> and last saw her alive on <i>Dec 26, 1958</i> Death occurred at <i>4:45 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>L. Muench</i>		22b. ADDRESS <i>905 Elm Washington Mo</i>	
22c. DATE SIGNED <i>12/29/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Dec 30, 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Old Fellows Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Washington, Missouri</i>	
24. FUNERAL DIRECTOR <i>Nieburg & Vitt, Inc. Washington, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>12/30 58</i>	
26. REGISTERAR'S SIGNATURE <i>F. J. Hudson</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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JAN 26 1959

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
Signature of Student Embalmer

Signed *Lester A. Witt*.....

Licensed Embalmer No. *3254*.....
P. O. Address *Washington, Md*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.