

**JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**EILED VS AUG 3 1959**

**59-026993**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's **2 6454** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo.		Length of stay in 1b		c. CITY OR TOWN U. City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. City Morgue			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6939 Amherst		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last MAX STARKLOFF MUENCH				4. DATE OF DEATH Month Day Year July 7 1959					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-10-1899		9. AGE (last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rice Stix & Co.			10b. KIND OF BUSINESS OR INDUSTRY Bmker		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Julius Muench			13b. MOTHER'S MAIDEN NAME Elsa Starkloff			14. NAME OF HUSBAND OR WIFE Beulah			
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. -		17. INFORMANT Beulah Muench 6939 Amherst				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis.</u> DUE TO (b) <u>Coronary Sclerosis.</u> DUE TO (c) <u>arteriosclerotic heart disease 420.0</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Mitral Stenosis since 1931</u>								INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>11 yrs 4 mos</u> <u>1948</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St. Louis</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St. Louis Mo</u>							
21. I attended the deceased from <u>Feb 26 1948</u> to <u>July 5 1959</u> and last saw her/him alive on <u>July 5 1959</u> Death occurred at <u>12:30 AM July 7 1959</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Max Starkloff M.D.</u>				22b. ADDRESS <u>512 Dowd Place</u>			22c. DATE SIGNED <u>7/8/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		23b. DATE <u>7-9-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>			
24. FUNERAL DIRECTOR <u>C.R. Lupton &amp; Sons, 7233 Delmar Blvd.</u>			25. DATE RECD. BY LOCAL REG. <u>JUL 8 '59</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6581  
AUG 11 1959  
AUG 29 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 *A. J. [Signature]*

Licensed Embalmer No. 4011  
P. O. Address *[Signature]*

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.