

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042735

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10611

AMENDED

FILED NOV 28 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                 |  | Length of stay in 1b<br><u>9 das.</u>   | c. CITY OR TOWN <u>Overland 14</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Barnes Hospital</u> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>9433 Lackland Ave.,</u><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Catherine Mary Muenks</u> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><u>Nov. 13 1961</u> |  |
|--|--|--|---|--|

|                    |                              |   |                                     |                                     |   |                |
|--------------------|------------------------------|---|-------------------------------------|-------------------------------------|---|----------------|
| 5. SEX<br><u>F</u> | 6. COLOR OR RACE<br><u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>11-16-89</u> | 9. AGE (last birthday)<br><u>71</u> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR |
|--------------------|------------------------------|---|-------------------------------------|-------------------------------------|---|----------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired)<br><u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u> | 11. BIRTHPLACE (City and state or country)<br><u>Vigus, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
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| 13a. FATHER'S NAME<br><u>Philip Vohsen</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Rosa Sweeny</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Louis C. Muenks</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT Address<br><u>Louis C. Muenks (see item c &amp; d)</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>neutrocytic Papillitis 2 days</u> |  | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Diabetic Nephrosclerosis 1 yr.</u> |                                  |
|  | DUE TO (c) <u>Diabetic Mellitus 5 YRS</u>        |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Recent Amputation - Diabetic Gangrene</u> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.)<br><u>260x</u> |
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|                                       |                  |
|---------------------------------------|------------------|
| 20c. TIME OF INJURY<br>Hour a.m. p.m. | Month, Day, Year |
|---------------------------------------|------------------|

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| 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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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21. I attended the deceased from 1-1-59 to present and last saw her alive on 11-13-61.  
Death occurred at 11-13-61, 5 PM on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                                      |                                     |
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| 22a. SIGNATURE (Degree or title)<br><u>Marvin Rose, M.D.</u> | 22b. ADDRESS<br><u>100 N. Euclid</u> | 22c. DATE SIGNED<br><u>11-14-61</u> |
|--|--------------------------------------|-------------------------------------|

|   |                              |   |   |
|---|------------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 23b. DATE<br><u>11-16-61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Lake Charles Park Cem.</u> | 23d. LOCATION (City, town, or county) (State)<br><u>Pagedale, Mo.</u> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><u>Baumhart Bros. Inc. 2504 Woodson Rd., Overland 14, Mo.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>NOV 15 1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Robert Smith, M.D.</u> |
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STANDARD FORM NO. 1

BY AFFIDAVIT OF

**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 David C. Libe

Licensed Embalmer No. 3454

P. O. Address Overland

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.