

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43379
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis,** (d) Street No. **3913 Gustine Ave.** Registered No. **11629**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Joseph Mueth Sr.**

(a) Residence, No. **3913 Gustine Ave.** St. **16**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louise Mueth**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 20, 1870.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 6 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Plastering Contractor.**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation **27 yrs 52 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Paderborn, Ills.**

13. NAME **John Mueth**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois.**

15. MAIDEN NAME **Katherine Schoenborn**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois.**

17. INFORMANT (ADDRESS) **Jos. Mueth Jr. 3913 Gustine Ave.**

18. BURIAL, CREMATION, OR REMOVAL **SS. Peter and Paul Cem. DATE Dec. 20, 1937.**

19. FUNERAL DIRECTOR (ADDRESS) **J. N. Gebken & Co. 2842 Meramec St.**

20. FILED **DEC 19 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 17, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 26, 1937, to Dec 17, 1937**

I last saw him alive on **Dec 17, 1937.** Death is said to have occurred on the date stated above, at **3:27 p.m.**

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
2 yrs
Other contributory causes of importance:
10-1

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **NO**

If so, specify (Signed) **J. M. Simon M.D.** M. D.
(Address) **4000 Chouteau Ave**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

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.)