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.

REC'D APR 12 1939

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

791

9098
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. 1003

(b) Township ..... 1 Primary Registration District No. ..... Registered No. 2863

(c) City St. Louis (d) Street No. 5660 Cote Brilliant Ave. St.
(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 324 Josephine Mutschler.

(a) Residence, No. 5660 Cote Brillianr Ave. St. 6
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Mutschler.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4, 1858.

7. AGE: Years 80 | Months 0 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cleveland, Ohio. 1

FATHER
13. NAME: Dont Know.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know. 9

MOTHER
15. MAIDEN NAME: Dont Know. 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT (ADDRESS): Mr. Fred J. Mutschler. 5660 Cote Brilliant Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mathews Cem. DATE March 27, 1939.

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Geo. L. Pleitsch Inc. 5966-68 Easton Ave.

20. FILED MAR 27 1939 J. F. Budrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1939, to March 24, 1939
I last saw her alive on March 24, 1939. Death is said to have occurred on the date stated above, at 1:10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Right sided hemiplegia	3-24-39

Other contributory causes of importance:
Senility
Arteriosclerosis
Years

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) J. Fred W. Clark, M. D.
(Address) 864 Hamilton Blvd. St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr Clark
864 Hamilton St

Cab 2354

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, 3454 David C Gibson, or by .....

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

Signed David C Gibson

Licensed Embalmer No. 3454

P. O. Address.....

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 this body is not embalmed, above space should be left blank.