APR 18 1939 REC'D APR 21 1939 Dr Thos M Davis 2424 N Grand

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

12415
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis Registration District No. 784
(b) Township Normandy Primary Registration District No. 300 Registered No. 693
(c) City (d) Street No. Jack Link 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 Henry C Muehlenburg 451
(a) Residence, No. Jack Link St.
(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 Marie K Muehlenburg (Schaefer)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1880
7. AGE YEARS 58 MONTHS 10 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired meat cutter
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo 0

FATHER
13. NAME Henry Muehlenburg 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Elizabeth Block
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Marie K Muehlenburg (ADDRESS) Jack Link
18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE April 19 1939
19. FUNERAL DIRECTOR Baumann Bros Inc (ADDRESS) Overland Mo.
20. FILED APR 18 1939 D R Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1939
22. I HEREBY CERTIFY, That I attended deceased from ...., 1918, to Apr 15, 1939
I last saw him alive on Apr 15, 1939. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows: Date of onset

Myocarditis

Other contributory causes of importance:
Nephritis (interstitial) chr.
Coronary embolus

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Thos M Davis, M. D.
707 (Address) 2424 N. Grand

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Oscar F. Mueller

Licensed Embalmer No....3039

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.)