

REC'D MAY 10 1939

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

791
1003

13034
Do not use this space.

3376

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City or St. Louis, (d) Street No. 6112 Tennessee 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 Elizabeth Muellhaupt

(a) Residence, No. 6112 Tennessee St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rudolph</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 20, 1876</u>		
7. AGE	YEARS	MONTHS
	62	4
		DAYS
		19
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>At home</u>
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Black Jack Missouri</u>
	13. NAME	<u>Michael Schwamle</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
	15. MAIDEN NAME	<u>Denninger</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Germany</u>
	17. INFORMANT (ADDRESS)	<u>Elmer Muellhaupt 6112 Tennessee</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Mt. Lebanon</u> DATE <u>4/12/39</u> , 19...
	19. FUNERAL DIRECTOR (NAME) (ADDRESS)	<u>J. L. Ziegenhein & son 7027 Gravois</u>
	20. FILED	19... <u>J. J. Brudick</u> Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1935 19... to Apr 9 1939, 19...
 I last saw her alive on Apr 7 1939, 19... Death is said to have occurred on the date stated above, at 6 a m.

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

Arteriosclerosis of:
Coronary Arteries (Coronary Sclerosis)
Brain (Senile Dementia)
Legs (Gangrene)

Other contributory causes of importance:

Diabetes Mellitus

Date of onset

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?

If so, specify
 (Signed) W. H. Oelstedt, M. D.
 (Address) 3720 Washington

APR 11 1939

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 X1695

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.....

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

Signed Clarence P Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937 9th Grass

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.