

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.

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: 2  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution: 873 Elias Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community UNKNOWN (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles L. Muth 360  
3. (b) If veteran, name war None 3. (c) Social Security number 492-07-9791

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Frieda Muth (nee Gosebrink) 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased March 2, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 9 20 hr. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Mill foreman

11. Industry or business Missouri Portland Co. C

MOTHER FATHER { 12. Name William Muth L

13. Birthplace Germany 1

14. Maiden name Anna Serbert (State or foreign country)

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Frieda Muth

(b) Address 873 Elias Avenue

17. (a) Burial (b) Date thereof 12/26/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 26 1939 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 873 Elias Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 22  
year 1939 hour 1:00 PM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Due to [Signature]  
Due to [Signature]  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy g3c  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) 4  
Address [Signature] Date signed 12.26.39

**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 *William G. Buchholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo.*

**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.**