

Registration District No. 7220Primary Registration District No. 277240

Registrar's No.

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town Saint Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lutheran Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME George W. Muehleman, Sr.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-03-0128.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Muehleman
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased February 26th, 1877.
 (Month) (Day) (Year)

- | 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>63</u> | <u>3</u> | <u>12</u> | hr. _____ min. _____ |

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

10. Usual occupation Foreman Hauling

11. Industry or business Hanling Inc.

- | | | |
|--------|--------|--|
| MOTHER | FATHER | 12. Name <u>George Muehleman</u> |
| | | 13. Birthplace <u>Unknown</u> <u>Unknown</u>
(City, town, or county) (State or foreign country) |
| | | 14. Maiden name <u>Unknown</u> |
| MOTHER | FATHER | 15. Birthplace <u>Unknown</u>
(City, town, or county) (State or foreign country) |

16. (a) Informant's own signature Mary Muehleman

- (b) Address 3443-A South Jefferson

17. (a) Burial (b) Date thereof June 11-40.
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation St. Pauls Churchyard

18. (a) Signature of funeral director Ziegenhein Bros.

- (b) Address 2923 Cherokee Street.

19. (a) JUN 11 1940 (b) J. F. Brubaker
 (Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri. (b) County _____
 (c) City or town Saint Louis. 24
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3443-A South Jefferson
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th.
 year 1940- hour 1 minute 05 P. M.

21. I hereby certify that I attended the deceased from May 21
10 to June 8, 1940.
 that I last saw him alive on June 8, 1940.
 and that death occurred on the date and hour stated above.

- | Immediate cause of death | Duration |
|---|--------------|
| <u>Acute cardiac dilation</u> | <u>5/21</u> |
| Due to <u>Bronchial asthma</u> | <u>20 yr</u> |
| <u>Chronic myocarditis</u> | |
| Due to <u>Cyphitis acute, cataracts</u> | <u>15/21</u> |

- Other conditions _____
 (Include pregnancy within 3 months preceding death)

- Major findings: _____
 Of operations: _____

- Of autopsy acute dilation (cardiac)
Cyphitis

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)
 (e) Means of injury _____

23. Signature A M Grant (M. D. or other) _____
 Address 3651 S. Grand Date signed 6/10/40

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

W E Morris

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

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.