

**FILED SEP 4 1942**

1. PLACE OF DEATH:  
 (a) County: **St. Louis, Mo.**  
 (b) City or town: **St. Louis**  
 (c) Name of hospital or institution: **City Sanitarium**  
 (d) Length of stay: In hospital or institution: **6 mos. 1 day**  
 In this community: **61 years**

2. USUAL RESIDENCE OF DECEASED:  
 (a) State: **Missouri** (b) County: **000**  
 (c) City or town: **St. Louis**  
 (d) Street No.: **4562 Fair Ave.**  
 (e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME: **JOHN MUEHLHAUSER**  
 3. (b) If veteran, name war: **-** 3. (c) Social Security No.: **-**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **August** day **28**  
 year **1942** hour **5:15** minute **A.** M.  
 21. I hereby certify that I attended the deceased from **2-28-42** to **8-28-42**  
 that I last saw him alive on **8-28-42**  
 and that death occurred on the date and hour stated above.

4. Sex: **male** 5. Color or race: **white** 6. (a) Single, widowed, married, divorced: **married**  
 6. (b) Name of husband or wife: **Catherine Muehlhauser** 6. (c) Age of husband or wife if alive: **years**  
 7. Birth date of deceased: **June 30, 1880**

Immediate cause of death: **Coronary Heart Disease (onset 2-28-42x).**

8. AGE: Years **62** Months **1** Days **29** If less than one day: **hr. min.**

Due to: **Coronary Heart Disease (onset 2-28-42x).**  
 Other conditions: **None**  
 (Include pregnancy within 3 months of death)

9. Birthplace: **St. Louis Missouri**  
 10. Usual occupation: **Purchasing Agent**

Major findings: **None**  
 Of operations: **None**  
 Of autopsy: **No.**

11. Industry or business: **Purchasing Agent**  
 12. Name: **Fred Muehlhauser**  
 13. Birthplace: **Philadelphia Penn.**  
 14. Maiden name: **Mary Gubatz**  
 15. Birthplace: **St. Louis, Missouri**

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?.....  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 23. Signature: **J. P. [Signature]** (M. D. or other)  
 Address: **844** Date signed: **8-28-42**

16. (a) Informant: **L. Deagen [Signature]**  
 (b) Address: **5400 [Address]**  
 17. (a) Burial: **Burial** (b) Date thereof: **8/31/42**  
 (c) Place: burial or cremation: **Valhalla Cemetery**  
 18. (a) Signature of funeral director: **Math. Hermann & Son**  
 (b) Address: **2161 East Fair Avenue**  
 19. (a) **AUG 28 1942** (Date received local registrar)  
**J. P. [Signature]** (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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, fact should be so stated above.**