

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

FILED NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35721

State File No. ....

Registrar's No. **9481**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5043 Lotus Ave.**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... **5043 Lotus Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Joseph Muehling**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife..... **Agnes Muehling** 6. (c) Age of husband or wife if alive **68** years  
7. Birth date of deceased **Jan. 9 1873**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**69 10 4** hr. min.

9. Birthplace..... **Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Steam fitter**

11. Industry or business **Retired**

12. Name **Unknown**

13. Birthplace..... **9**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Agnes Muehling**

(b) Address **5043 Lotus Ave.**

17. (a) **Burial** (b) Date thereof **11-16-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lakewood Park Cem.**

18. (a) Signature of funeral director **Drehmann-Herral**

(b) Address **1905 Union Blvd.**

19. (a) **13 1942** (b) **J. F. Beedeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **13**  
year **1942** hour **2** minute **02** A. M.

21. I hereby certify that I attended the deceased from **Nov. 7** 1942 to **Nov. 13** 1942  
that I last saw him alive on **Nov. 12** 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma sigmoid** Duration **about 2 yrs.**

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **None**

Of autopsy..... **None**

PHYSICIAN

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)..... **no.**

(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 **E. J. Javary** (M. D. or other)

Address **607 N. Grand Blvd** Date signed **11-17-42**

