

FILED DEC 11 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10113

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
922a Talmadge Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME Charles Muehlrath

3. (b) If veteran, name war XX 3. (c) Social Security No. 489-14-0388

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Muehlrath 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased November 7 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>59</u>	<u>07</u>	<u>0</u>	<u>24</u>	hr. min.

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

10. Usual occupation Metal worker

11. Industry or business

12. Name Michael Muehlrath
13. Birthplace Europe
(City, town, or county) (State or foreign country)

14. Mother's name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Muehlrath
(b) Address 922a Talmadge Ave.

17. (a) Burial (b) Date thereof 12/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Red S S Carter - Paul

18. (a) Signature of funeral director John S. Ziegenfuss
(b) Address 7027 Gravois Ave.

19. (a) DEC 4 (b) J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 922a Talmadge Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1st
year 1942 hour 1700 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar Pneumonia
Primary
Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 5 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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) _____
(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? _____

(Specify type of place) _____
While at work? _____ (Specify type of place) _____
(Specify type of injury)

23. Signature Alfred Weir (M. D. or other) _____

Address Alfred Weir Date signed 12/4/42

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

MOTHER FATHER

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

G. P. Kidwell

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. }
County of St. Louis } ss.

State File No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 10113

On this 19th day of December, 1942, before me appears _____

Mrs. Florence Muehlrath, who, upon her oath, states that the original record of ^{birth} death

for Her husband ^{died} ~~was~~ Dec. 1st, 1942 in the State of

Missouri, and which was filed at St. Louis, Mo. on Dec. 4, 1942, should be corrected as follows:

Item No. 7 should read November 7, 1884

Instead of November 7, 1875

Item No. 8 should read 58 yrs. 0 mos. 24 days

Instead of 67 yrs. 0 mos. 24 days

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Florence Muehlrath's wife Relationship.

922^a - Lalmadge
Present Address.

Subscribed and sworn to before me this 19 day of December, 1942

My Commission expires _____ Ben C. Gaddner Notary Public.

My Commission Expires March 4, 1946

44100 4486 1809- 11-12-1934

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Dec. 10 - 1942

35722