

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11488 ✓

State File No. \_\_\_\_\_

FILED APR 15 1943

Registration District No. 784

Primary Registration District No. 10:1

Registrar's No. 704

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mon. 16 days  
(Specify whether

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Richmond Heights  
(If outside city or town limits, write "RURAL")

(d) Street No. 1066 E. Linden Ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frank Muehling

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 494-03-6588

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1943 hour 1 minute :15 a.m.

21. I hereby certify that I attended the deceased from 2-6-43  
\_\_\_\_\_ 19, to 3-22-43, 19  
that I last saw him alive on 3-22-43, 19  
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 Gertrude Settig

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 6 1888  
(Month) (Day) (Year)

Immediate cause of death Coronary Arteriosclerosis Posterior branch

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 54 Months 8 Days 16  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Clerk

11. Industry or business Curtiss Wright

MOTHER FATHER

12. Name John Muehling

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

14. Maiden name Mary Schlange

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

16. (a) Informant Mrs. Gertrude Muehling

(b) Address 1066 E. Linden

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof March 24 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. J. Stewart

(b) Address 1225 Union Blvd.

19. (a) MAR 24 1943 (Date received local registrar)

(b) [Signature] (Registrar's signature)

PHYSICIAN

Major findings:  
Of operations 944

Of autopsy \_\_\_\_\_

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)

(c) Means of injury \_\_\_\_\_

23. Signature J. D. Spencer (M. D. or other M.D.)

Address St. Louis Co. Hospital Date signed 3-23-43

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

96  
2  
3

McG

JUN 18 1963

---

---

**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..... *Bernard A. J. Stuart* .....

Licensed Embalmer No..... *3500* .....

P. O. Address.....

**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.**