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S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 1632

Primary Registration District No. 3068

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

356

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood

(c) Name of hospital or institution: Maplewood Nursing Home
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: 11 days
(If not in hospital or institution, write street number or location)
(Specify whether in hospital or institution)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3834 S. Compton Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FRANK MUEHLHER

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 Widowed

6. (b) Name of husband or wife Halma 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 24, 1862.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th.
year 1943 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 10, 1943, 19____, to July 15, 1943, 19____;
that I last saw him alive on July 14, 1943, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 2 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Belt Maker

Immediate cause of death Chronic Endocarditis
Duration Unknown

Due to Infirmities of age.

Due to gvd

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Erhart Muehlher

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

14. Maiden name Elizabeth Killian

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

16. (a) Informant Norman Muehlher

(b) Address 3834 S. Compton Ave.

17. (a) Burial (b) Date thereof 7/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Gebert-Benz Montmar
(b) Address 2842 Meramec Street

19. (a) JUL 17 1943 (b) C. D. Mc Clary
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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 Theo. D. Reel (M. D. or other) _____
Address 7465 Hazel, Maplewood, Date signed 7/16/43

PHYSICIAN
Underline the cause to which death should be charged statistically.

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, XDM

-----, Registered Apprentice No. -----
working under my personal supervision.

Signed

Joe S. Benz

Licensed Embalmer No. 4249
2842 Meramec Street
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.