

U. S. No. 2
OM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32044**
Registrar's No. **8468**

FILED OCT 14 1946
318

1003

Registration District No. _____ Primary Registration District No. _____

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:
5700 N. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 69 years (Specify whether years, months or days)

In this community _____ (Specify whether 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. 5700 N. Broadway
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Emma C. Muelken

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Henry E. Muelken

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased December 2nd, 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>9</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Ruehrwien

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

14. Maiden name Sophia Kipp

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

16. (a) Informant Mr. Henry E. Muelken

(b) Address 5700 N. Broadway

17. (a) Burial (b) Date thereof 10-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) OCT 2 1946 (b) J. J. Brades
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29th
year 1946 hour 7:00 minute AM M.

21. I hereby certify that I attended the deceased from July 15
1946 to Sept. 29 1946
that I last saw her alive on Sept. 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis Duration 5 yrs

Due to _____

Due to 1/24

Other conditions cirrhosis of liver 7 yrs?
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
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)

(e) Means of injury _____

23. Signature Eugene L. Arnold (M. D. or other) MD

Address 1449 N. S. Baran Date signed 9/30/46

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 *Al. Mayfield*.....

Licensed Embalmer No. *3077*.....

P. O. Address *2223 St. Louis*.....

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.