

FILED FEB 3 1947
Registration District No. 318

Primary Registration District No.

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

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:
3802 Hartford St. /
 (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)

3. (a) PRINT FULL NAME Laura Muegge
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex F / 5. Color or race W
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Sept. 16, 1855
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 4 3 hr. min.

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

10. Usual occupation At. home

11. Industry or business.....

MOTHER FATHER { 12. Name Henry Guenther
 { 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Dorothea Woerner
 { 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant George Muegge
 (b) Address 3802 Hartford St.

17. (a) Burial (b) Date thereof 1-21-47
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Schumacher, Undertakers
 (b) Address 3013 Meramec St.

19. (a) JAN 20 1947 (b) J. F. Brebeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis / 617
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3802 Hartford St.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th.
 year 1947 hour 5:45 minute A.
 21. I hereby certify that I attended the deceased from Jan 18 1947 to Jan 19 1947
 that I last saw him alive on Jan 18 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis. Type
Chronic myocarditis
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) 99

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) 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)
 (c) Means of injury.....
 23. Signature J. F. Brebeck (M. D. or other) 0
 Address 4724 Grand Date signed 1/20/47

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 Francis Williamson
Licensed Embalmer No. 3565
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.