

S. No. 2
 10M-5-43
 Rev. 5-17-39
 I X36671

FILED JAN 27 1947
 Registration District No. **318**

Primary Registration District No. **1003**

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:
3008 Indiana /
(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 Theodore Muessig
 3. (b) If veteran, name war None
 3. (c) Social Security No. 14191

4. Sex MD 5. Color or race W
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Wife Maria Muessig
 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased May 8 1872
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 8
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Stone cutter

11. Industry or business
MOTHER { **FATHER** {
 12. Name Floft Muessig
 13. Birthplace Freudenberg Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Rosa Baumgaertner
 15. Birthplace Freudenberg Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Maria Muessig
(b) Address 3008 Indiana

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Jan. 20, 1947
(Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter & Paul

18. (a) Signature of funeral director Wm. D. Co.
(b) Address 2937 S. Jefferson Ave

19. (a) JAN 17 1947 (Date received local registrar) **(b)** J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Madison
 (c) City or town..... ST. LOUIS 2417
(If outside city or town limits, write "RURAL")
 (d) Street No. 3008 Indiana 9
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH Month JAN. day 16
 year 1947 hour 5 minute 30 a.m.

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

Immediate cause of death Coronary Occlusion
Atherosclerosis
 Due to _____
 Due to _____
 Other conditions 94
(Include pregnancy within 3 months of death)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 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)
 (a) Means of injury 2
23. Signature Patricia E. Taylor (M.D. or other)
 Address 1300 Clark Date signed 1-16-47

Handwritten mark

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 *D. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 So Jefferson*

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.