

No. 2
1739

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40003**
10381
Registrar's No.

FILED NOV 22 1947 318
District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Alexian Bros. Hospital**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5028 Milentz Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV.** day **8**
year **1947** hour **5:55** minute **A. M.**

21. I hereby certify that I attended the deceased from **Oct 3 - 47** to **Oct 8 47**
and that death occurred on the date and hour stated above. **19 47**
Duration **5 days**

Immediate cause of death.....
Acute Hepatitis

Due to.....
Palp Operative Abdominal

Other conditions.....
(include pregnancy within 3 months of death)

Major findings: **Exploratory**
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

(e) Means of injury.....

23. Signature: **J. F. Bredbeck** (M. D. or other)
Address: **4228 So. Kingshighway Bl.**
Date signed: **11/10/47**

3. (a) PRINT FULL NAME **EDWIN J. MUETH**

3. (b) If veteran, name war **World War 2** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alice** 6. (c) Age of husband or wife if alive **41** years

7. Birth date of deceased **Dec. 13 1904**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	42	10	25hr.min.

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

10. Usual occupation **City Employ**

11. Industry or business **Water Dep't.**

12. Name **Peter J. Mueth**

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

14. Maiden name **Marie Wagner**

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

16. (a) Informant **Alice Mueth**

(b) Address **5028 Milentz Ave.**

17. (a) **Burial** (b) Date thereof **11-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS Peter & Paul Cem.**

18. (a) Signature of funeral director **Kriegshausler Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **NOV 10 1947** (b) **J. F. Bredbeck**
(Date received) (Registrar's signature)

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

MOTHER EATHER

DEC 8 1947

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.....

Richard W. Stovesand

Licensed Embalmer No. *4007*

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1003Registration District No. 318Primary Registration District No. 1003Registrar's No. 10081

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:

(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 NAMEEdwin J. Mueth

3. (b) If veteran,
-
- name war.....

3. (c) Social Security
-
- No.....

4. Sex

m5. Color or
race..... w

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased.....

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

if less than one day

421010mo

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

- (b) Address

17. (a)..... (b) Date thereof

(Burial, cremation, or removal)

(Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a)
- 11-10-1947
- (b)
- J. F. Bradecky

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....
 (c) City or town.....
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....
-
- year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
-
- to....., 19.....;
-
- that I last saw him.....
-
- and that death occurred on the date and hour stated above.
-
- Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

DEC 9 - 1947

40003