

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39097

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** State File No. \_\_\_\_\_ Registrar's No. **9607**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6034 Fyler Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>14-6034 Fyler Avenue</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mattie</b>		b. (Middle)		c. (Last) <b>Muegge</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 5, 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>October 28, 1863</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 HR. (Month) (Day) (Hours) (Min.) <b>86 0 7</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (State or foreign country) <b>Herman, Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>Henry Buecker</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>August Muegge (deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Mattie Durand 6034 Fyler Avenue</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio Vasicular Renal disease</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>HHS-X</b>	

22. I hereby certify that I attended the deceased from **Oct 19, 1949**, to **Nov. 5, 1949**, that I last saw the deceased alive on **Nov 5, 1949**, and that death occurred at **11:30A, m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. G. Gines M.D.</b>		23b. ADDRESS <b>3521 S. Parkway</b>		23c. DATE SIGNED <b>11/7/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 8, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>NOV 7 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Baister</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm. J. Robert Lt. U. C. 1905 So. Grand Blvd</b>	
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WRITE PLAINLY—USING UNFADING BLACKINK—MAKE A PERMANENT RECORD

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*J. Allen Davis Jr.*  
Licensed Embalmer No. 7023

P. O. Address St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**