S. No. 300
v. 10-48

FILED DEC 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43576

BIRTH NO. _____ REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 370 Registrar's No. 3987

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 500 Greeley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 58 Webster Groves 4581
d. STREET ADDRESS (If rural, give location): 500 Greeley Ave O

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) — c. (Last) Muir

4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: June 24, 1884
9. AGE (In years last birthday): 67 — If under 1 year: Months 5, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RR Mail Clerk Ret.
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Mail
11. BIRTHPLACE (State or foreign country): Pacific Mo O
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Andrew J. Muir
13b. MOTHER'S MAIDEN NAME: Mary Merk
14. NAME OF HUSBAND OR WIFE: Margaret Gass Muir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Margaret Muir — ADDRESS: 500 Greeley W.G.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disease of Coronary Arteries — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs +

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 2 yrs +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: A
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/18, 1944, *to* 12/13, 1951, *that I last saw the deceased alive on* 12/10, 1951, *and that death occurred at* 3-A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Herbert P Smith (Degree or title) Mo
23b. ADDRESS: 5203 Chippewa St
23c. DATE SIGNED: 12/14/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 11
24b. DATE: 12-15-51
24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
24d. LOCATION (City, town, or county): Affton (State) Mo

DATE REC'D BY LOCAL REG.: 12-14-51
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Mittelberg Funeral Home — ADDRESS: W.G. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 11 1962

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed John F. Kennedy

Signed.....
Student Embalmer

Licensed Embalmer No. 4194

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.