

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26151

FILED JUL 31 1952

State File No. _____
 Registrar's No. **6831**

318 PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 6831	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 3 6520 Lindenwood Pl.			
3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) J. c. (Last) Muffler			4. DATE OF DEATH (Month) (Day) (Year) July 14 1952				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 12, 1908		9. AGE (In years last birthday) 44	# UNDER 1 YEAR Months _____ Days _____	# UNDER 60 Hrs. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY American Can Co.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. COUNTRY OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Muffler			13b. MOTHER'S MAIDEN NAME Irene V.		14. NAME OF HUSBAND OR WIFE Dolores M. Muffler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-20-2201		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dolores M. Muffler, 6520 Lindenwood Pl.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None					INTERVAL BETWEEN ONSET AND DEATH 5 days
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: None			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from July 1, 1952 , to July 14, 1952 , that I last saw the deceased alive on July 13, 1952 , and that death occurred at 2:00A m., from the causes and on the date stated above.							
23a. SIGNATURE John G. Matthews M.D. (Degree or title)				23b. ADDRESS 3707 Watson Rd		23c. DATE SIGNED 7-14-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 16, 1952		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. JUL 15 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, MO.			

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

Dr. J. G. Matthews

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

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.