Health, & Welfare Public Service

5. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1957

STATE FILE NUMBER 10786

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2186

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis 0 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. Baptist Hospital — Length of stay in 1b: 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: Cedar Hill 0500 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 29 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First REINHART Middle WILLIAN Last MUIR

4. DATE OF DEATH: Month 3 Day 2 Year 1957

5. SEX: 0 Male

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐

8. DATE OF BIRTH: 1-6-1912

9. AGE (In years last birthday): 45

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: Morse Mill Baptist Church

11. BIRTHPLACE (City and state or country): Allinton, Missouri 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Muir

14. MOTHER'S MAIDEN NAME: Mary Bauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Irene Muir, Cedar Hill, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchogenic (anaplastic type) carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 18 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 162x

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9 Nov. 55, to 2 Mar '57 and last saw him alive on 2 Mar 57
Death occurred at 3:05 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. G. Drake, MD 0

22b. ADDRESS: 114 N. Taylor, St. Louis 8

22c. DATE SIGNED: 4 Mar '57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-5-1957

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery

23d. LOCATION (City, town, or county) (State): Lonedell, Missouri

24. FUNERAL DIRECTOR ADDRESS: McLAUGHLIN'S, 2301 Lafayette

25. DATE RECD. BY LOCAL REG.: MAR 4 '57

26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. R. Cooper

Licensed Embalmer No. 363

P. O. Address 2311 R

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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