

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38584

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1000
 City St. Louis (No. St. Ann's Hospital)

File No.
 Registered No. 10982 St. Ward)

2. FULL NAME

Infant Boy Muehling
 (a) Residence, No. St., 6 Ward St. Louis Co., Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred/ — yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7-29

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 5 hrs. or min.
	0	0	0	5

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) "
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER J. Julius Muehling

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lucille Deichman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

14. INFORMANT Sister Raymond
 (Address) St. Ann's Hospital

15. FILED NOV 11 1929 Max Starnik REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7, 1929

17. I HEREBY CERTIFY, That I attended deceased from 4:55 P. M. Nov. 7, 1929, to 9 P. M. Nov. 7, 1929, that I last saw him alive on Nov. 7, 1929, and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute myocarditis
(6 1/2 mos gestation)

159
159 (duration) 0 yrs. 1 mos. 0 ds.
 CONTRIBUTORY (SECONDARY) 159 B
 (duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Tercy H. Swahlen, M. D.

11/9 1929. (Address) St. Ann's Hosp, St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem DATE OF BURIAL Nov 11 1929

20. UNDERTAKER Shelby Purcell ADDRESS 4800 Wash St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

