

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

Do not use this space.

34227

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... St. Louis (No. Beaconess Hospital)

File No.....
Registered No. 9587
St. Ward)

2. FULL NAME Vincent Muckerman

(a) Residence, No. 1223 Ann Ave St. 23 Ward.

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29-1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
41 10 28

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Auto mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 264
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 1

13. NAME Frank Muckerman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Mary Leusbroek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Lena Muckerman (ADDRESS) 1223 Ann Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Oct. 31 1927

19. UNDERTAKER Thos. White (ADDRESS) 2806 Grand Ave

20. FILED 1927 29 1927 May Stanley Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27 1927

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1927, to 10-27, 1927. I last saw him alive on 10-27, 1927. Death is said to have occurred on the date stated above, at 11:30 pm.

The principal cause of death and related causes of importance were as follows:
Coronary Fibrillation Myocardial
Acute Dehydrated Heart
Chronic Myocarditis
Other contributory causes of importance: 1

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) Frank J. Smith M. D.
(Address) 36 1/2 50 Ave

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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

