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

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.

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. 13409

Registered No. 3500

City St. Louis Mo. (No. 1218 Soulard St. St. ..... Ward)

2. FULL NAME Eugene Philip Musler

(a) Residence, No. 1218 Soulard St. St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: M.

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Myrtle Kemper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 21, 1875

7. AGE: Years 60; Months 3; Days 8; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Typewriters

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 Mo.

FATHER

13. NAME: ---------- Musler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U.S.

MOTHER

15. MAIDEN NAME: Matilda Duckendorfer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Durward Musler 315 Euclid Ave. Webster Groves

18. BURIAL, ~~CREMATION OR REMOVAL~~

PLACE Sunset DATE 4/2/36 19

19. UNDERTAKER (ADDRESS): Mayer 4356 Lindell Blvd

20. FILED MAR 31 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

~~No physician in attendance~~

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:30 P.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis; Chronic Interstitial Nephritis; Cirrhosis of Liver; Chronic Splenitis

Date of onset

Other contributory causes of importance:

1240

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 P Furlong, ~~M. D.~~

(Address) Coroner.