

FEB 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City..... St. Louis (No. 791)

Registration District No. 791  
Primary Registration District No. 1003  
3725 N. 14th. St.

File No. 8596  
Registered No. 2053  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Frank D. Muckerman

(a) Residence, No. 3725 N. 14 Th St., 26 Ward.

(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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5 Th 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 ----- 2 --- 13 --

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Colector  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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 John Muckerman  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Johanna Buxel  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Albert Muckerman  
(ADDRESS) 2257 Clay Ave

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cem. DATE Feb. 20 Th 37

19. UNDERTAKER Edmund Hoff  
(ADDRESS) 3516 N 14th

20. FILED Feb 18 1937  
J. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb., 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937 to Feb 18 1937  
I last saw h. live on Feb 18 1937 Death is said to have occurred on the date stated above, at 8:45 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset Feb 18 1937  
Solar Pneumonia  
Other contributory causes of importance: 108

Name of operation None Date of None  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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 Pneumonia  
(Signed) Edmund Hoff M. D.  
(Address) 2802 N. Grand Blvd.

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.

000

