APR 9 1937

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

Do not use this space.

10447

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3020

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

City St. Louis Mo. (No. Barnes Hospital. St. ..... Ward)

2. FULL NAME Irvin John Muehlman

(a) Residence, No. 3923 Ashland Ave. St., 10 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 Helen Muehlman. (Lynn.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1906.

7. AGE: 30. YEARS | MONTHS: 3. | DAYS: 7. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 Frederick Muehlman.

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

MOTHER

15. MAIDEN NAME Lucy Courleux.

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

17. INFORMANT (ADDRESS) Mrs. Helen Muehlman. 3923 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE March 19, 1937

19. UNDERTAKER (ADDRESS) Math Hermann & Son. 2161 East Fair Ave.

20. FILED MAR 18 1937 G F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15th 1937

22. I HEREBY CERTIFY, That I attended deceased from February 10th, 1937, to March 15th, 1937

I last saw him alive on March 15th, 1937 Death is said to have occurred on the date stated above, at 10.45 P.M.

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

	Date of onset
Hypertensive Heart Disease	
Hypertension, Malignant	
Nephrosclerosis	
Uremia	
Bronchopneumonia, Terminal	

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Other contributory causes of importance:

Multiple Abscesses of Kidneys cause unknown

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) A B Phillips, M. D.

(Address) BARNES HOSPITAL

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.

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