

REC'D JUL 12 1936

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

20220
Do not use this space.

791
1008

Registered No. 5359

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City..... St. Louis..... (d) Street No..... Mo. Baptist Hosp..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ermalette Muck 200

(a) Residence, No. 7563 Fair St. Maplewood, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 10 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as 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) Troy, Mo.
(STATE OR COUNTRY)

FATHER 13. NAME Henry Muck

14. BIRTHPLACE (CITY OR TOWN) O'Fallon, Ill.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Henry

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

17. INFORMANT Mrs Mary Muck
(ADDRESS) Troy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Troy, Mo. DATE 6-14 '36

19. FUNERAL DIRECTOR (NAME) Robert HoHoppe Inc.
(ADDRESS) 429 North Euclid Ave

20. FILED JUN 13 1936 J. D. Brudeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12 '36

22. I HEREBY CERTIFY, that I attended deceased from Nov 27 1936 to June 12 1938
I last saw him alive on June 12, 1938. Death is said to have occurred on the date stated above, at 7:35 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma (Breast) 11/36
50

Other contributory causes of importance:
Mitoses in
Brain & Lungs

Name of operation Radical Breast Amp Date of Nov 27 1936
What test confirmed diagnosis Microscopy 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 ✓, 1936
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 Yes
(Signed) J. D. Brudeck, M. D.
(Address) 1537 S. Grand

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Guy W. Wilkinson

Licensed Embalmer No.

3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.