

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

30991
Do not use this space.

1. PLACE OF DEATH 1200 3 1 Registration District No. 791
 (a) County St. Louis Mo Primary Registration District No. 1008 Registered No. 8428
 (b) Township St. Louis Mo (c) City St. Louis Mo (d) Street No. East Broadway Hospital 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME John Joseph Muffler 146
 (a) Residence, No. 2908 Rutger St St. 18 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Muffler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3-1876
 7. AGE YEARS 64 MONTHS 11 DAYS 23 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as saw mill, bank, etc. Sau Co
 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 Muffler
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER 15. MAIDEN NAME Theresa Dummer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) John P. Muffler 2806 Rutger St
 18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Val. Paul DATE Sept-29 19
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funerals Co 7420 Michigan
 20. FILED SEP 27 1938 Local Registrar.

No Autopsy
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-38
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on 6-8-38 Death is said to have occurred on the date stated above, at _____
 The principal cause of death and related causes of importance were as follows:
Location of death: Memory of brain, Fracture of skull
suffered in falling down near steps at his home, Sept 25th 1938 about 8 P.M.
 Other contributory causes of importance:
 Name of operation deceit Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes
 If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide deceit Date of injury 9-25-38
 Where did injury occur? St. Louis
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury See above
 Nature of injury See above
 24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify Alcohol (Signed) W. H. Perry M. D.
 (Address) Deputy Coroner

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 *Long Shunach*
Licensed Embalmer No. *2679*
P. O. Address *1144 Spring Valley*

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.