

NOV 16 1938 DEC 8 1938

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

40260
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township 2 Primary Registration District No. 200 Registered No. 1872
 (c) City Belton (d) Street No. 8337 Ardsley Dr. Belton 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 WILLIAM C. E. MUHS

(a) Residence, No. 8337 Ardsley Dr. Belton St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Louisa Muhs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) march 15, 1862

7. AGE YEARS 76 MONTHS 8 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 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) Germany (STATE OR COUNTRY) 6

FATHER 13. NAME Gustave Muhs

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

MOTHER 15. MAIDEN NAME Henrietta Appelbaum

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

17. INFORMANT Mrs. Louisa Muhs (ADDRESS) 8337 Ardsley Dr. Bel Nor

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov. 17, 1938

19. FUNERAL DIRECTOR A. From L. & U. Co (ADDRESS) 2707 North Grand

20. FILED 2707 G. K. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1938, to Nov 15, 1938

I last saw him alive on Nov. 14, 1938 Death is said to have occurred on the date stated above, at 5.45 A. M.

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

Chronic Myocarditis

Date of onset

Blount
July
1936

Other contributory causes of importance:

Secondary Anaemia

Feb
1
1938

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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) Hanna R. Wilton
 (Address) 2728 N. W. St

NOV 16 1938

WHITE PAPER, 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.

I X 12204

STATEMENT BY LICENSED EMBALMER

I, Paul F. Swelensky, Licensed Embalmer No. 2631

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Paul F. Swelensky

Licensed Embalmer No. 2631

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.)