

2 1939

DEC 6 JAN 6 1939

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

3895 Do not use this space.

Vertical text on the left margin: 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 impor...

1. PLACE OF DEATH (a) County St. Louis, (b) Township Central, (c) City University City, (d) Street No. 7535 Seaside, Registered No. 2, 2. PRINT FULL NAME (a) Residence, No. 7535 Seaside, St. [] (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS: 3. SEX M, 4. COLOR OR RACE W, 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married, 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Muma, 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4-1875, 7. AGE YEARS 63, MONTHS 4, DAYS 28, 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. Salesman, 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) Mich /, 13. NAME Chas. Muma, 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada /, 15. MAIDEN NAME Mary Foot, 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich, 17. INFORMANT (ADDRESS) Mrs Irene Muma, 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 1-4-39, 19. FUNERAL DIRECTOR (ADDRESS) Louis J. Papp, 20. FILED JAN - 2 1939

MEDICAL CERTIFICATE OF DEATH: 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2- 1939, 22. I HEREBY CERTIFY That I attended deceased from Monday 1939, to Jan 2 1939, I last saw him alive on Dec 26 1938, 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide, Date of injury, 24. Was disease or injury in any way related to occupation of deceased? No, (Signed) J. Andrew Clark, M. D., (Address) 864 Hamilton Blvd, St. Louis, Mo.

Date of onset 1-2-39, 1938

944

STATEMENT BY LICENSED EMBALMER

I, Louis H Bopp, Licensed Embalmer No. 921

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 Louis H Bopp
Licensed Embalmer No. 921

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3898
Do not use this space.

PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township University City Primary Registration District No. 115 Registered No. 2
(c) City University City Street No. _____ 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

(a) Residence, No. _____ 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 m 4. COLOR OR RACE whit 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

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

7. AGE YEARS 63 MONTHS 4 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19__

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__ to _____, 19__

I last saw h. _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

Cardiac death
Probably coronary occlusion
94.6%
Date of onset _____

Other contributory causes of importance:

Hemiplegia 71. M. 19__
and history of some case but considered as the less probable
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 J. Frank Clark, M. D.
(Signed) _____
(Address) St. Louis, Mo

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENT

