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

REC'D MAR 13 1939

4299
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 992
(c) City St. Louis, Missouri (d) Street No. Saint Louis Maternity 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.

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2. PRINT FULL NAME Muckerman, Infant
(a) Residence, No. 700 SO. SKINKER St. 5
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 31, 1939
7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, ... hrs. or 35 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NILL
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) St. Louis, Mo 0

FATHER
13. NAME Muckerman, John Frederick 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo 1

MOTHER
15. MAIDEN NAME Fall, Mary Myrtle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Ind.

17. INFORMANT (ADDRESS) MRS. JOSEPH MUCKERMANN 700 SO. SKINKER
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMT DATE FEB. 1-39
19. FUNERAL DIRECTOR (ADDRESS) ARTHUR J. DONNELLY 3840 LINDELL BLVD.
20. FILED FEB 1 1939 J. D. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 31, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 11 31, 1939, to 1 31, 1939
I last saw him alive on 8 35 pm 1 31, 1939. Death is said to have occurred on the date stated above, at 8 35 p m.
The principal cause of death and related causes of importance were as follows:

Anencephaly (born without brain - lived 35 min.)

Date of onset

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Other contributory causes of importance:
Respiratory Failure
Cardiac "

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) R. J. Crossen, M. D.
(Address) 65 Fair Oaks

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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 Stanley Marchlewski

Licensed Embalmer No. 2868

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.)