

REC'D MAR 13 1939

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

5165
Do not use this space.
1858

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City or St. Louis (d) Street No. St. Anthony's 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 ^{24 1/2} Infant Muckler

(a) Residence, No. 5640 RHODES St. 2
(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 M.	4. COLOR OR RACE W.	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) Feb. 24th 1939			
7. AGE	YEARS	MONTHS	DAYS
	X	X	X
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			11. Total time (years) spent in this occupation
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) St. Louis (STATE OR COUNTRY) Missouri			
13. NAME August Muckler			
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri			
15. MAIDEN NAME Diedrich			
16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri			
17. INFORMANT August Muckler (ADDRESS) 5640 Rhodes			
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset B. Pk. DATE 2/27/39			
19. FUNERAL DIRECTOR (NAME) J. L. Ziegenhein & Son (ADDRESS) 7027 Gravois			
20. FILED FEB 27 1939 <i>J. B. Pridemore</i> Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 24th 1939**

22. I HEREBY CERTIFY, That I attended deceased from **2/24**, 19**39** to **2/24**, 19**39**.
I last saw him alive on **2/24**, 19**39**. Death is said to have occurred on the date stated above, at **11:10 a.m.**
The principal cause of death and related causes of importance were as follows:
Premature Infant
Date of onset **2/24/39**

Other contributory causes of importance:
Placenta Praevia
Cesarean Operation on Mother
Name of operation **Cesarean ops** Date of **2/24/39**
What test confirmed diagnosis? _____ 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 _____, 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? **No**
If so, specify _____
(Signed) **J. Julius Ch. Ratter**, M. D.
(Address) **2603 Cherokee St.**

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.

2603A
Clarence

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 Clarence P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937a Grace

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.