

JUN 17 1939

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

17125
Do not use this space.

791
1008

Registered No. 4659

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City Saint Louis, Missouri. (d) Street No. Alexian Bros. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Elmer P. Muehleemann.

(a) Residence, No. 3443-A South Jefferson Ave. St. 24 (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) Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19th, 1914.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance Man.
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) Saint Louis, (STATE OR COUNTRY) Missouri.

FATHER 13. NAME George Muehleemann 14. BIRTHPLACE (CITY OR TOWN) Saint Louis, (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Mary Steffen 16. BIRTHPLACE (CITY OR TOWN) Minnesota. (STATE OR COUNTRY)

17. INFORMANT George Muehleemann (ADDRESS) 3443-A South Jefferson Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauls Churchyard DATE May 25, 1939

19. FUNERAL DIRECTOR (NAME) Zegenkur Bros (ADDRESS) 2623 Cherokee Street.

20. FILED MAY 22 1939 St. Pauls Church Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22nd, 1939. 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/30/39 to 5/22/39, 1939. I last saw him alive on 5/21/39, 1939. Death is said to have occurred on the date stated above, at 7:40A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Interstitial Nephritis

Other contributory causes of importance:
R. Hydronephrosis

Name of operation Cholec. Date of 7/6
What test confirmed diagnosis Cholec. Was there an autopsy? 7/6

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 7/6

24. Was disease or injury in any way related to occupation of deceased? 7/6
If so, specify Cholec.
(Signed) W. S. Moseley M. D.
(Address) 729 ...

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..... *V. E. Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee Street.*

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.