

1. PLACE OF DEATH:

(a) County St Charles
 (b) City or town St Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St Joseph
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Hrs (Specify whether
 In this community Life (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Alvin Muhm

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophia Muhm 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov 9 1861
 (Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 22 If less than one day hr. _____ min. _____

9. Birthplace St Charles Co (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Gustav Muhm

13. Birthplace St Charles Co (City, town, or county) (State or foreign country)

14. Maiden name Sophia Riesmeier

15. Birthplace St Charles Co (City, town, or county) (State or foreign country)

16. (a) Informant Lucinda Muhm

(b) Address Defiance Mo

17. (a) Burial (b) Date thereof Nov. 3, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Augusta Mo

18. (a) Signature of funeral director Morris Munching

(b) Address Hamburg Mo

19. (a) Nov 2, 1940 (b) Ernest B. Messer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
 (c) City or town Defiance Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10/31 day 31
 year 1940 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10/30
 _____, 1940 to 10/31, 1940
 that I last saw him alive on 10/30, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 4 yrs.

Due to hypertension 5 yrs.

Due to arteriosclerotic obstruction 5 yrs.

Other conditions 97C
 (Include pregnancy within 3 months of death)

Major findings: Of operations none performed

Of autopsy none performed

Duration
 4 yrs.
 5 yrs.
 5 yrs.
 PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
67a (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature B. L. Neufinger (M. D. or other) M.D.

Address St. Charles, Mo Date signed 11/2/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... Morris Muschany.....

Licensed Embalmer No. 2461.....

P. O. Address.....

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.