

No. 2
4-13-40
-17-39
I-X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40632
State File No. _____
10403
Registrar's No. _____

Registration District No. 7911

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 911a Park 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 911a Park Ave. 23
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1940 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from May 26
1940, to Dec 17, 1940
that I last saw her alive on Dec 16, 1940
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Ottillia Mauchenheimer

3. (b) If veteran, name war No. 3. (c) Social Security No. no

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

6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 24/ 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>	<u>20</u>	hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Theodore Muffler

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Dummert

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mauchenheimer

(b) Address 911a Park Ave.

17. (a) burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director Fe ndler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) DEC 18 1940 (b) J. H. Budeck
(Date of local registrar) (Registrar's signature)

Immediate cause of death Chronic Myocarditis 4 yr
Due to 59
Due to Chronic nephritis 4 yr
Diabetes Mellitus 4 yr
Other conditions (Include pregnancy within 3 months of death)
Major findings: None
Of operations None
Of autopsy None

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Louis Bauer (M. D. or other) _____
Address 1834 Monroe Date signed 12/18/40

St. Louis, Missouri
1002. Missouri

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 *Alvin E. Fendler*

Licensed Embalmer No. *4148*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.