No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8179
State File No.

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 471

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Richmound Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 81
(c) City or town Richmound Heights 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3259 Regal Pl 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Infant Muehlenbach
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 11 (Day) 1941 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	16	hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Kenneth Muehlenbach
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
14. Maiden name Charlotte Spurglon
15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
16. (a) Informant Kenneth Muehlenbach
(b) Address 3259 Regal Pl
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 28 (Day) 41 (Year)
(c) Place: burial or cremation St Marcus Cemetery
18. (a) Signature of funeral director Kriegshauser Und Co
(b) Address 4228 So. Kinghighway Blvd
19. (a) FEB 28 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1941 hour 3 minute 10 P. M.
21. I hereby certify that I attended the deceased from Feb 11th, 1941, to Feb 27th, 1941; that I last saw him alive on Feb. 27th, 1941; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Prematurity
Cerebral Hemorrhage
Due to
Due to 160 d
Other conditions Atrefsia, Anhydremia
(Include pregnancy within 3 months of death)
Major findings:
Of operations 1201
Of autopsy

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 [illegible] (M. D. or other) [illegible]
Address 7816 Gaston Ave. Date signed 2/28/41

(Licensed Embalmer's Statement on Reverse Side)

Desbo 2

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.....

No Embalming....., Registered Apprentice No.....

working under my personal supervision.

2598

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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