S. No. 2
—11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26032

Registration District No. 759 Primary Registration District No. 6000 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town New Melle (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.

3. (a) PRINT FULL NAME Oscar Adolph Muhm
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha E Muhm
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased December (Month) 11 (Day) 1876 (Year)
8. AGE: Years 64 Months 7 Days 11 If less than one day hr. min.
9. Birthplace Augusta, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Physician
11. Industry or business
MOTHER FATHER
12. Name Adolph Muhm
13. Birthplace Missouri (City, town, or country) (State or foreign country)
14. Maiden name Mary Rethorst
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mildred Muhm
(b) Address 5622 Enright - St Louis, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation New Melle Mo
18. (a) Signature of funeral director Marvin Murray
(b) Address New Melle Mo
19. (a) 7-24-1941 (Date received local registrar) (b) Gertrude B Farister (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1941 hour 10:00 A.M.
21. I hereby certify that I attended the deceased from November 1940 to July 1941, that I last saw him alive on 7/22 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Harold Murray (M. D. or other) MD
Address Wentzville, Mo. Date signed 7/24/41

(Licensed Embalmer's Statement on Reverse Side)

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 Marion Muschany

Licensed Embalmer No. 2461

P. O. Address New Melle mo

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.