S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR -- 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8622

State File No. 2438

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
530 Bates Street /
(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 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 91
(If outside city or town limits, write "RURAL")

(d) Street No. 530 Bates
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ida Muehlenbrock

3. (b) If veteran, name war - - -

3. (c) Social Security No. None

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife William D. Muehlenbrock

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November (Month) 20, (Day) 1874 (Year)

8. AGE: Years 68 Months 3 Days ~~19~~ 21 If less than one day hr. min.

9. Birthplace Horse Prairie (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Curt Rathert
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Wilhelmina Hanna
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant William D. Muehlenbrock
(b) Address 530 Bates Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC.
(b) Address 1936 St. Louis Avenue

19. (a) MAD (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th
year 1943 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 1941, 19 to Mch 11, 1943;
that I last saw her alive on Mch 11, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of breast	
Due to metastatic to lung	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

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 F. G. Pennaud (M. D. or other) MD
Address 3115 So. Grand Date signed 3/12/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Pennock
3115 S. Grand

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 ..... [illegible]

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis [illegible]

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, fact should be so stated above.