

FILED MAR 13 1944 18 STANDARD CERTIFICATE OF DEATH 19003

State File No. 5529
 Registrar's No. 2199

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months 21 days
(Specify whether life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis. 920
(If outside city or town limits, write "RURAL")

(d) Street No. 2603 Howard St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Herman Muggenberg.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4,
 year 1944 hour 11:30 minute p. m. M.

21. I hereby certify that I attended the deceased from December 11,
 19 43 to March 4, 19 44

3. (b) If veteran, name war _____ 3. (c) Social Security number none

that I last saw him alive on March 4, 19 44
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 2 widower

6. (b) Name of husband or wife Minnie Layman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: January 1 1878
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration 2

Due to Generalized arteriosclerosis

Due to Diabetes

Other conditions Old amputation eye thigh

8. AGE: Years Months Days If less than one day

66	2	3	hr. min.
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Major findings: Of operations

Of autopsy None

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis No. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

12. Name Frederick Muggenberg 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Fredericka 4

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Windsheimer

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 3/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Edith E. Ambuster

(b) Address 4234 Manchester

19. (a) MAR 6 1944 (b) J. J. Bredack
(Date received by registrar) (Registrar's signature)

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 0

23. Signature Homer A. Sweetman, M.D. (M. D. or other)

Address 5800 Arsenal St. Date signed 3-6-44

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.....

Florence Eynock

Licensed Embalmer No.....

1384

P. O. Address.....

St Louis 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, fact should be so stated above.