

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12138  
Registrar's No. 841

FILED APR 15 1944  
Registration District No. 35

Primary Registration District No. 6076

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:  
Rear 6210 Easton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 5916 Cabanne Place  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 1

**3. (a) PRINT FULL NAME** Joseph H. Muehling

3. (b) If veteran, name war No

3. (c) Social Security No. 500-26-5668

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dora

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November 30, 1880  
(Month) (Day) (Year)

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

|    |   |   |                      |
|----|---|---|----------------------|
| 63 | 4 | 5 | _____ hr. _____ min. |
|----|---|---|----------------------|

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

10. Usual occupation President & Treasurer

11. Industry or business Muehling Packing Co.

MOTHER FATHER { 12. Name Joachim Muehling

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

14. Maiden name Mary Ann Schlanger

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

16. (a) Informant Dora H. Muehling

(b) Address 5916 Cabanne Place

17. (a) Burial (b) Date thereof 4 - 10 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Chas. F. Stewart

(b) Address 1325 Union Blvd.

19. (a) APR 10 1944 (b) C. J. McHarran, M.D.  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Apr day 5  
year 1944 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 3 Apr 1944 to 5 Apr 1944  
that I last saw hm alive on Apr 3 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Arteriosclerosis  
Hypertension

Due to Coronary Arteriosclerosis 67%

Due to Hypertension 17%

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature C. J. McHarran Date signed 4/10/44  
Address University City, Mo.

JUN 12 1946

JUL 19 1946

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

*Albert G. Hoppe*

Licensed Embalmer No. *2971*

P. O. Address.....

**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.