

FILED JUL 31 1948

Registration District No.

Primary Registration District No. 1002

Registrar's No. 6504

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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:
Little Sisters of the Poor 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2209 Hebert St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd
year 1944 hour 3:00 AM minute M.

21. I hereby certify that I attended the deceased from
December 15, 1943 to July 23, 1944
that I last saw him alive on July 22, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Duration: ??

Due to

Due to

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

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) No
(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: Bernard H. [Signature] (M. D. or other)
Address: 2302 Salisbury St Date signed: 7-24-44

3. (a) PRINT FULL NAME Chris. L. Muckerman

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 Widower

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased: October 21, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 9 2 hr. min.

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

10. Usual occupation: Retired

11. Industry or business: Ice & Coal Business

MOTHER FATHER

12. Name: John Muckerman

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

14. Maiden name: Elizabeth Helmer

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

16. (a) Informant: Arthur J. Muckerman

(b) Address: 3937 Lee Ave

17. (a) Burial (b) Date thereof: 7/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Math Hermann & Son

(b) Address: 2161 East Fair Ave

19. (a) JUL 21 1944 (b) J. F. Bredich
(Date received local Registrar's signature)

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

JUL 24 1944

Embalmer Sep cert to be filed

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.....

Licensed Embalmer No.....

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.