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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED NOV 20 1944
 Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38840
 State File No. _____
 Registrar's No. 2277

Primary Registration District No. 3069

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

1. PLACE OF DEATH:
 (a) County St. Louis.
 (b) City or town Richmond Heights.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
32 Lake Forest.
(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 Mo. (b) County 96
 (c) City or town Richmond Heights.
(If outside city or town limits, write "RURAL")
 (d) Street No. # 32 Lake Forest.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edward L. Muckerman.
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 6th
 year 1944. hour 5 minute a M.

4. Sex M. 5. Color or race W.
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Agnes Muckerman
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 25, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 10, 1944 to Nov 6, 1944
 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>11</u>	hr. _____ min.

Immediate cause of death Coronary Thrombosis
 Due to _____
 Duration 2 days

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Pres. Sieloff Packing Co.

Due to Chronic Nephritis
 Other conditions _____
(Include pregnancy within 3 months of death)
 Duration 1 year

11. Industry or business _____
 12. Name Chris. Muckerman.
 13. Birthplace Germany.
(City, town, or county) (State or foreign country)
 14. Maiden name Dont Know.
 15. Birthplace Dont Know.
(City, town, or county) (State or foreign country)

Major findings: 938
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Raymond Muckerman.
 (b) Address # 32 Lake Forest.
 17. (a) Burial. (b) Date thereof 11-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

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? _____

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Linden Blvd
 19. (a) NOV 8 1944 (b) C. S. McEvoy
(Date of final registration) (Registrar's signature)

23. Signature Francis J. Moller (M. D. or other) _____
 Address 414 W 7th St Date signed 11/7/44

Dr Mueller
4114 W 25th Boulevard
12-2 R

MAY 14 1967

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.