

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

FILED DEC 31 1945

State File No. \_\_\_\_\_

10395

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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:  
2122 S. 12th Boulevard  
(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  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 737  
(d) Street No. 2822a Victor Street  
(If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANTON J. MUICH SR.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 486-18-8933

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Margaret Muich 6. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased January 17, 1882  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>10</u>	<u>10</u>	hr. min.

9. Birthplace Croatia  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business \_\_\_\_\_

12. Name George Muich

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

14. Maiden name Unknown

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

16. (a) Informant Margaret Muich

(b) Address 2822a Victor Street

17. (a) Burial (b) Date thereof Dec. 1, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Wm. C. Myrdell

(b) Address 1926 Allen Avenue

19. (a) NOV 30 1945 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27  
year 1945 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from August, 1942 to Nov. 27, 1945,  
that I last saw him alive on Nov. 27, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Myocarditis Chr. 2 yrs  
(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 Wm. C. Myrdell (M. D. or other)  
Address 1452 So Grand Date signed 11/27/45

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

50  
17  
9

**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..... *Benj. C. Duncan* .....

Licensed Embalmer No. *2272* .....

P. O. Address..... *1926 Allen* .....

**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.**