

FILED MAR 20 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 2322

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:
5647 Labadie Ave.
(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 _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5647 Labadie Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Oscar Muth 493-10-8370

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Gertie Muth
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased Apr. 23 1889
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8
 year 1946 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from 2-26
 _____, 1946, to 3-8, 1946;
 that I last saw him alive on 3-7, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery thrombosis (acute)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>10</u>	<u>15</u>	_____ hr. _____ min.

Due to atherosclerosis of coronary arteries

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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

10. Usual occupation Inspector

11. Industry or business St. Louis Public Service

12. Name Henry Muth

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

14. Maiden name Hulda Loeschner

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

16. (a) Informant Gertie Muth
 (b) Address 5647 Labadie Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-10-46
(Month) (Day) (Year)

(c) Place: burial or cremation Puxico Mo.

18. (a) Signature of funeral director Drehmann-Harral
 (b) Address 1905 Union Blvd.

19. (a) MAR 10 1946 (b) J. F. Bredsch
(Date received local health officer) (Registrar's signature)

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 _____

23. Signature John P. Hammond (M. D. or other) O. M. D.
 Address 7634 N. Grand Date signed 3/8/46

Duration 10 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10395
Popular Bluff Mo.

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

Dr. [redacted]mond, (P.R. 5080)
Mo. Theater Bldg.

1:30 to 5:30

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 Warren A. Carver
Licensed Embalmer No. 3534
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.