

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No.

18740

4435

Registration District No.

318

Primary Registration District No.

1003

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:
8606A N. Broadway
(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)

3. (a) PRINT
FULL NAME

Carrie Muhs

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Muhs
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March 17 1896
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

50

1

28

hr.

min.

9. Birthplace

St. Louis Mo

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

12. Name Samuel Deitiker

13. Birthplace Switzerland

(City, town, or county)

(State or foreign country)

14. Maiden name Theresa Specht

15. Birthplace St. Louis Mo

(City, town, or county)

(State or foreign country)

16. (a) Informant William Muhs

(b) Address 8606A N. Broadway

17. (a) Burial

(b) Date thereof May 18 1946

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem

Calvin F Feutz Funeral Home

18. (a) Signature of funeral director 4828 Nat. Bridge Blvd

(b) Address MAY 17 1946

(Date received local registrar)

(b) J. F. Bredecker

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8606A N. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from Jan 25
1942 to May 10 1946
that I last saw her alive on May 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma Uteri

Duration

3 yrs

Due to

not known

Due to

Other conditions Carcinomatous
(Include pregnancy within 3 months of death)
metastases in liver

Major findings: advanced

Of operations: Carcinoma of uterus

Of autopsy: none July 12, 42

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) none
(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?

Where at work? (Specify type of place) Means of injury

Signature N. F. Miller (M. D.)

Address 8410 N. Broadway Date signed 5-13-46

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.....

Ralph Linders

Licensed Embalmer No.....*4275*

P. O. Address.....*St. Louis, Mo*

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.