

V. S. No. 2  
DOM-3-43  
Rev. 5-17-39  
I X37823

**FILED AUG 8 1946**

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **243**

14  
1  
2  
21751  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**

(a) County Callaway

(b) City or town Union  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution June 6-30-46  
(Specify whether 2)

In this community \_\_\_\_\_  
(years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State mo (b) County St. Louis

(c) City or town Lumberton  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Leilah Muth

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

4. Sex Female 5. Color W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased 9 15 1894  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 7  
year 1946 hour 11 minute 45 a.m.

21. I hereby certify that I attended the deceased from 5-20-1946 to 7-7-1946  
that I last saw alive on 7-6-1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 48 Months 9 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace mo (City, town, or county) 11 (State or foreign country)

10. Usual occupation W

Immediate cause of death Myocarditis Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**MOTHER FATHER**

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

12. Name Good factors

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

14. Maiden name Leilah Packard

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

16. (a) Informant Record

(b) Address \_\_\_\_\_

17. (a) Removal (b) Date thereof 7/12/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington St. Louis, mo

18. (a) Signature of funeral director Callaway Funeral Home

(b) Address 7th & 6th St. Fulton, Mo.

19. (a) 7-12-1946 (b) Joan Moravetzoff  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy 93d

**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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature F. E. Thomas (M. D. or other) \_\_\_\_\_  
Address Fulton, Mo. \_\_\_\_\_

RECEIVED  
District Health Officer No. 9,  
District File Number 8-7-46  
Date Filed 8-7-46

FEB 25 1947

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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 Wenzil C. Browning  
Licensed Embalmer No. 2724  
P. O. Address Fulton 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.