No. 2
1/47
12/39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2886

FILED JAN 30 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 578

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

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: 4751 Newberry Terrace
(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 Aa

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4751 Newberry Terrace 9
(If rural, give location)

(e) Citizen of foreign country? 12 (Yes or No)

If yes, name country

John Muggah

3. (a) PRINT FULL NAME JOHN MUGGAH

3. (b) If veteran, name war yes

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Thelma Muggah

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Oct (Month) 3 (Day) 1911 (Year)

8. AGE: Years 36 Months 3 Days 13 If less than one day hr. min.

9. Birthplace New orleans La (City, town, or county) (State or foreign country)

10. Usual occupation Pullman Porter

11. Industry or business

FATHER
12. Name Clarence Muggah
13. Birthplace New orleans La (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Magee
15. Birthplace Taylor Miss (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Muggah
(b) Address 4751 Newberry Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Lucas Ave

19. (a) JAN 20 1948 (Date received local registrar) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day Jan year 1948 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from Jan. 15, 1948 to Jan 16, 1948 that I last saw him alive on Jan 16, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hemorrhagic Pancreatitis

Due to in Known Cause

Due to

Other conditions (Include pregnancy within 3 months of death) 1948

Major findings:
Of operations

Of autopsy hemorrhage in pancreas

Duration

PHYSICIAN

Underline the cause of 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 R. B. Howell (M. D. or other)

Address 2901 Laclede Date signed 1-19-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Buleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas, AK

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.