

S. No. 300
V. 10.48

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35659
Registrar's No. 2615

317

4464

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) Overland		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Overland 4221	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9927 Edmil La.			d. STREET ADDRESS (If rural, give location) 2431 Verona		
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle) M.		c. (Last) Muckerman	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 26 1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 13, 1879		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 2 Days 13 IF UNDER 12 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) St. Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? 0		13a. FATHER'S NAME Andrew Brickert		13b. MOTHER'S MAIDEN NAME Caroline Ritter	
14. NAME OF HUSBAND OR WIFE Christ Muckerman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. **	
17. INFORMANT'S SIGNATURE OR NAME Christ Muckerman		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INTERVAL BETWEEN ONSET AND DEATH 11 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		ANTECEDENT CAUSES DUE TO (b) Hypertention		DUE TO (c)	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		334X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 334 X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 25, 1950 , to Oct 26, 1950 , that I last saw the deceased alive on Oct 25, 1950 , and that death occurred at 9 A.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) C. E. Sterling, M.D. 0		23b. ADDRESS 2050 North & South Ry, St Louis Mo		23c. DATE SIGNED 10-27-50	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial 0		24b. DATE Oct. 30		24c. NAME OF CEMETERY OR CREMATORY St. Monicas	
24d. LOCATION (City, town, or county) (State) Creve Couer Missouri		DATE REC'D BY LOCAL REG. OCT 28 1950		REGISTRAR'S SIGNATURE H. Romke M.D./mb	
25. FUNERAL DIRECTOR'S SIGNATURE Ortmann Funeral Home		ADDRESS 9222 Lackland			

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

7001

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Al C Ostmann

Licensed Embalmer No. 3478

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.