

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10462

State File No. 2116

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY			
b. CITY OR TOWN		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN		d. STREET ADDRESS					
St. Louis		life		St. Louis		199					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS							
4464 West Pine Blvd.				4464 West Pine Blvd.				0			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)			
John		C.		Muckerman		March 4, 1951					
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 11 HRS.			
M. 0	W.	M.		Nov. 14, 1868		82	2	20			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?				
Retired Pres. Polar			Wave Ice & Fuel Co.		St. Louis, Mo.		U.S.				
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE					
Christopher Muckerman			Wilhelmina Schulte			Mrs. Pauline Muckerman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME						ADDRESS	
no		none		Mr. Chris J. Muckerman						4464 West Pine Blvd.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>								6 wks		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES										
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.								2 yrs		
	DUE TO (b) <u>Carcinoma of stomach</u>										
	DUE TO (c)										
	II. OTHER SIGNIFICANT CONDITIONS										
	Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
				157X							
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>49</u> , to <u>Mar</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Mar 4</u> , 19 <u>51</u> , and that death occurred at <u>4:15 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title)				23b. ADDRESS				23c. DATE SIGNED			
<u>Dr. C. MacDonald D.</u>				<u>539 N. Grand</u>				<u>3-5-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)					
Burial <input checked="" type="checkbox"/>		Mar. 7, 1951		Calvary Cemetery		St. Louis, Mo.					
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			FUNERAL DIRECTOR'S SIGNATURE					ADDRESS	
MAR 6 1951		<u>J. B. Linton</u>			<u>Arthur J. Donnelly</u>					3840 Lindell Blvd.	

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Thomas R. Fenwick

Signed.....
Student Embalmer

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.