

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25052

State File No. 5732

FILED JUL 16 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2159 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 225 Eichelberger Ave. | | d. STREET ADDRESS (If rural, give location) 225 Eichelberger Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) EDNA b. (Middle) M. c. (Last) MUICH | | | 4. DATE OF DEATH (Month) (Day) (Year) Jun. 24 1951 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 1, 1900 |
| 9. AGE (In years last birthday) 50 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME George Hubrecht | | 13b. MOTHER'S MAIDEN NAME Bessie Stephens | 14. NAME OF HUSBAND OR WIFE Anton A. Muich Jr. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anton A. Muich Jr. 225 Eichelberger |
| -18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Surgery - Scartisue Jan 51</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Brain Tumor</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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 193X | |
| 22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>47</u> to <u>June 24</u> 19 <u>51</u> , that I last saw the deceased alive on <u>June 24</u> , 19 <u>51</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>D. L. Johnson M.D.</u> | | 23b. ADDRESS <u>6400 Morganfield</u> | 23c. DATE SIGNED <u>6-25-51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>Jun. 27, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Churchyard</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> |
| DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>JUN 25 1951</u> <u>A. B. Rasata</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u> | |

