Health, Welfare Public Service

. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019984
STATE FILE NUMBER

MAY 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5357

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Incarnate Word — Length of stay in Ib: 23

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2838 Eads — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Emil — Middle E — Last Muhm
4. DATE OF DEATH: Month May — Day 20 — Year 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Oct 8, 1881
9. AGE (In years last birthday): 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Refrigeration
11. BIRTHPLACE (City and state or country): Augusta Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Adolph Muhm
14. MOTHER'S MAIDEN NAME: Marie Rethorst
Wife: Estelle Welsh Muhm
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: Wife — Address: Estelle Welsh Muhm 2838 Eads

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Prostate Gland — INTERVAL BETWEEN ONSET AND DEATH: 4 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hemorrhage from Bladder
DUE TO (c): Senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 177X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X — 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE
21. I attended the deceased from May 5 58, to May 20-58 and last saw ~~her~~ him alive on May 14-58
Death occurred at 3:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Moting J Glover (Degree or title) MD
22b. ADDRESS: 506 Olive 506 Olive St
22c. DATE SIGNED: 5/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 22,58
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): St.Louis Mo
24. FUNERAL DIRECTOR — ADDRESS: E.J.Schnur 3125 Lafayette
25. DATE REC'D. BY LOCAL REG.: MAY 21 '58
26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas R. Jenvri

Licensed Embalmer No. 379

P. O. Address 3125 Lafay

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.