

NOV 15 1937

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

 10/10/37
 35957
 Do not use this space.

1. PLACE OF DEATH

 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis,** (d) Street No. **Jewish Hospital** Registered No. **9534**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Otto Mueller (Ottoker Chmelar)
 (a) Residence, No. **4624 Alaska Ave.** St. **15**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Kamila Mueller**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 30, 1863.**
 7. AGE YEARS **64** MONTHS **5** DAYS **10** If LESS than 1 day, hrs. or min.

 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Barber**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Checko Slovakia**13. NAME **Dont Know.**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**15. MAIDEN NAME **Dont Know**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know**17. INFORMANT **Mrs. C. Cramme**
(ADDRESS) **4624 Alaska Ave.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Park Lawn Cem.** DATE **Oct. 13, 1937.**19. FUNERAL DIRECTOR **J. N. Hubken Lx & Co.**
(ADDRESS) **2842 Meramec St.**20. FILED **OCT 13 1937** **J. S. Beebeek**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/10 1937**22. I HEREBY CERTIFY, That I attended deceased from **9/8**, 19**37**, to **10/10**, 19**37**.I last saw him alive on **10/10**, 19**37**. Death is said to have occurred on the date stated above, at **7:30** a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Tuberculosis
Recurrent carcinoma of rectum Date of onset **2 yrs.?**

 Other contributory causes of importance:
Hypertrophy of prostate
Name of operation **Prostatectomy** Date of **9/20/37**What test confirmed diagnosis? **Autopsy** Where an autopsy? **Yes**23. If death was due to external causes (violence), fill in also the following
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify _____

(Signed) **Clarence T. Echeat** M. D.(Address) **539 U. Grand**

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

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.)