

DEC 12 1938

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

37750
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No. 791
(b) Township / Primary Registration District No. 1008
(c) City St. Louis, Mo. (d) Street No. City Inf St.
(e) Length of residence in city or town where death occurred 25 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

4600 Gustave Mueller,
(a) Residence, No. 5800 Arsenal St. St. 13
(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) Separated.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Kiskie Mueller.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer.
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) Germany. 6

FATHER 13. NAME Herman Mueller,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 6

MOTHER 15. MAIDEN NAME Wilhelmina ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. 7

17. INFORMANT (ADDRESS) E. Holony,
5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Crem. DATE 11-22-38

19. FUNERAL DIRECTOR (ADDRESS) City Infirmary

20. FILED NOV 22 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1938 to November 21, 1938

I last saw him alive on November 21, 1938 Death is said to have occurred on the date stated above, at 2:40 m. A.M.

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

Carcinoma of Stomach
Chronic Myocarditis

Date of onset

40 yrs

Other contributory causes of importance: HB

Name of operation None Date of
What test confirmed diagnosis? HIST. T. P. E. Was there 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) George M. Pike M. D.

(Address) City Infirmary

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)