

JAN 20 1939 FEB 7

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

3871  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Rich Hgts Primary Registration District No. 111 Registered No. 114  
 (c) City Rich Hgts (d) Street No. St. Marys Hosp St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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 MUELLER, MRS. GENEVIEVE  
 (a) Residence, No. 6534 Berthold St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-15-1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>68</u>	<u>0</u>	<u>2</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. -  
 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 Unknown 6  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (NAME) (ADDRESS) Alma M. Kessler  
6534 Berthold

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Jan 20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Troph. Int. Mortuary  
402 1/2 Genessee St.  
P.R. Meyer M.D. 408 Humboldt Bldg.

20. FILED JAN 20 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to Jan 17, 1939. I last saw him alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Embolism Date of onset 1/17/39  
Arteriosclerosis / Heart Disease  
Aneurysm of Aorta 1/3/39  
 Other contributory causes of importance: 95 B°  
Thrombophlebitis RT Leg. 1/10/39

Name of operation None Date of None  
 What test confirmed diagnosis? All clear 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) J. P. Meyer M.D. M. D.  
408 Humboldt Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**