

APR 11 1939

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

10766
Do not use this space.

1. PLACE OF DEATH
 (a) County Gasconade 2 Registration District No. 306
 (b) Township Boeuf 1 Primary Registration District No. 1424 Registered No. 4
 (c) City..... (d) Street No..... 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.
 14.60
 2. PRINT FULL NAME John J. Mueller.
 (a) Residence, No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Katie Mueller.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 29, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 4 14

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. Farmer.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation Some

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herman, Missouri.

FATHER
 13. NAME Christian Mueller 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland. 7

MOTHER
 15. MAIDEN NAME g
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -

17. INFORMANT (ADDRESS) Archie Mueller
Herman, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bay, Mo. DATE March 17, 1939

19. FUNERAL DIRECTOR (ADDRESS) H. S. Gattenstreiter
Owensville, Mo.

20. FILED Mar 15 1939 John Engelbrecht Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1938, to Mar. 14, 1939
 I last saw him alive on March 13, 1939. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 3-12-39
of 2nd

Other contributory causes of importance: arteriosclerosis

Name of operation..... Date of.....
 What test confirmed diagnosis Physical 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) John Engelbrecht, M. D.
Stony Hill, Mo.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2.
50M-7-10-37
I. X12004

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.

STATEMENT BY LICENSED EMBALMER

I, Milford Hunter, Licensed Embalmer No. 3838
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 Milford Hunter
Licensed Embalmer No. 3838

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.)