

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUN 1 - 1939

JUN 8 1939

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

19797  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township \_\_\_\_\_ Primary Registration District No. 111  
(c) City Richmond Heights (d) Street No. St. Mary's 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 75 yrs. mos. da. (f) How long in U.S., if of foreign birth? 75 yrs. mos. da.

Registered No. 943

2. PRINT FULL NAME John Mueller

(a) Residence, No. 2043 Gano Ave. St.   
(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 Mary J. Mueller  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
84 7 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Stone Mason  
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

FATHER 13. NAME John Mueller

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

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT George Mueller  
(ADDRESS) 2043 Gano Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary DATE 6/3/39

19. FUNERAL DIRECTOR (NAME) W. A. Stock Und. Co.  
(ADDRESS) 2117 E. Grand Blvd.

20. FILED JUN 1 - 1939  
G. R. Meyer, M.D. (Address) 2739 W. Grand Blvd.  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1938 to June 1, 1939  
I last saw him alive on May 31, 1939. Death is said to have occurred on the date stated above, at 5:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Chc. Myocarditis  
Chc. Arteriosclerosis 5+ yrs  
Other contributory causes of importance: 93c  
Hemiplegia - Cerebral  
apoplexy (Oct 1938) 8 mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Alfred J. Magerl, M. D.

(Licensed Embalmer's Statement on Reverse Side)

B.C.

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.

Dr. Albert J. Motzel  
Grand & St. Louis  
Franklin 3960  
Res. 6238 Washington  
Cabany 5868

**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 *Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

**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.**