

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

JUL 12 1939 791

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **5314**

1. PLACE OF DEATH: **1008**

(a) County _____

(b) City or town **ST. LOUIS** st. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **LITTLE SISTERS OF POOR** **3** (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **ELEVEN YEARS** (Specify whether years, months or days)

In this community **DONT KNOW**

8. (a) PRINT FULL NAME **AUGUST MULLER**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **JUNE 16, 1865** (Month) (Day) (Year)

8. AGE: Years **73** Months **11** Days **28** If less than one day hr. _____ min. _____

9. Birthplace **germany** (City, town, or county) (State or foreign country)

10. Usual occupation **DAY LABORER** **6**

11. Industry or business _____

12. Name **BARNEY MULLER** **6**

13. Birthplace **GERMANY** (City, town, or county) (State or foreign country) **6**

14. Maiden name **MARIA SAMBLEGAR** **6**

15. Birthplace **GERMANY** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **SISTER JEANE**

(b) Address **2209 HEBERT ST.**

17. (a) **BURIAL** (b) Date thereof **6-15-39** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary cemetery**

18. (a) Signature of funeral director **ARTHUR J. DONNELLY**

(b) Address **3840 LINDELL BLVD.**

19. (a) **JUN 14 1939** (b) *J. T. Bredich* (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County _____

(c) City or town **ST. LOUIS** **1** (If outside city or town limits, write "RURAL")

(d) Street No. **2209 HEBERT ST.** **120** (If rural, give location)

(e) If foreign born, how long in U. S. A. **DONT KNOW** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14** year **1939** hour **2:00** minute **a.** M.

21. I hereby certify that I attended the deceased from **Feb 14, 1939 to June 14, 1939** that I last saw him alive on **June 13, 1939** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Parenchymatous Nephritis**

Due to _____

Due to _____

Other conditions **Arteriosclerosis** (Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no.**

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? **1** (Specify type of place) (e) Means of injury _____

23. Signature **Anthony A. Bredich** (M. D. or other) **6/14/39**

Address **1525 W. Cass Ave** Date signed **6/14/39**

Form 1-39 Rev. 6-17-39

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..... *Alfred J. Boedeker*
Licensed Embalmer No. *2663*
P. O. Address *4204 Prairie*

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.