DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30874

Registration District No. 791 1003 — Primary Registration District No. — Registrar's No. 7937

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1360 Burd Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 6

(c) City or town St. Louis, (If outside city or town limits, write "RURAL")

(d) Street No. 1360 Burd Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Calvin A. Mueller. 4½

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ella H. Mueller.

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased November 3, 1868. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	10	11	hr. min.

9. Birthplace Galion, (City, town, or county) Ohio. (State or foreign country)

10. Usual occupation Insurance Broker. 1

11. Industry or business

FATHER
12. Name Martin Mueller. 6
13. Birthplace ? (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Anna Feeble. 1
15. Birthplace ? (City, town, or county) Pennsylvania. (State or foreign country)

16. (a) Informant's own signature Mrs. Ella H. Mueller.

(b) Address 1360 Burd Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-16-1939. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Harry J. Askemeyer.

(b) Address 5195 Vernon Ave.

19. (a) SEP 1939 (Date received local registrar) (b) J. R. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14th. year 1939. hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 1935 ~, 19__, to Sept - 11, 1939 that I last saw him alive on Sept - 11 - 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral regurgitation	
Due to	
Due to heat stroke	
Other conditions Excessive heat + (Include pregnancy within 3 months of death) Hyper tension -	
Major findings: Of operations ✓	
Of autopsy ✓	

PHYSICIAN — 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) ✓

(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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature S. P. Habig M.D. (M. D. or other)

Address 5817 Gravois - Date signed 9/14-39

(Licensed Embalmer's Statement on Reverse Side)

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.

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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

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.