

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.

Reg. No. 791  
1003

Primary Registration District No. \_\_\_\_\_

Registrar's No. 8256

1. PLACE OF DEATH:

(a) County 1  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days  
(Specify whether  
In this community 9 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 1  
(c) City or town ST. LOUIS 26  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3319 KLEIN ST  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

George Mueller 460

3. (b) If veteran, name war L

3. (c) Social Security No. 492-07-3160

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife CORA MUELLER

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased JULY 4 1886  
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation DAY LABORER

11. Industry or business

MOTHER FATHER { 12. Name Charles MUELLER  
13. Birthplace ST. LOUIS MO  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cora Mueller  
(b) Address 3319 Klein

17. (a) BURIAL (b) Date thereof SEPT-27-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation ST. PETERS LEM

18. (a) Signature of funeral director F. B. Tanner  
(b) Address 6107 Natural Bridge

19. (a) SEP 26 1939 (b) J. J. Brudner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24, year 1939 hour 9:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from September 15, 1939, to September 24, 1939, and that death occurred on the date and hour stated above.  
that I last saw him alive on September 24, 1939,  
Duration \_\_\_\_\_

Immediate cause of death Refused Peptic Ulcer  
Due to Generalized Peritonitis

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_  
28. Signature Maxwell H. Kelly (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 9/25/39

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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.....

*Jay Wilkensen*  
.....  
Licensed Embalmer No. *3575*

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.**