

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

1-1 X1931

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34791

State File No.

Registrar's No.

9329

Registration District No. 791  
1008

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Anthony Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks  
(Specify whether  
In this community  
years, months or days)

8. (a) PRINT FULL NAME Catherine Mueller 460

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Maeller 6. (c) Age of husband or wife if alive 3 years 1874

7. Birth date of deceased April 3 1874  
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 26 If less than one day  
hr. min.

9. Birthplace East St. Louis Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At home

12. Name Joseph Weick

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Suplie Hetter

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

16. (a) Informant's own signature Edna Mueller

(b) Address 5445 Goethe Avenue

17. (a) Burial (b) Date thereof Nov. 2, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director W. J. Robert

(b) Address 1905 So. Grand Blvd.

19. (a) OCT 31 1939 (b) J. F. Bridub  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5445 Goethe Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th  
year 1939 hour 2 minute 4 M.

21. I hereby certify that I attended the deceased from July 20, 1939, to Oct 29, 1939;  
that I last saw her alive on Oct 29 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis and severe fallows Colostomy 1 day  
Due to arteriosclerosis (cerebral)  
hemiparesis of sigmoid

Due to arteriosclerosis of sigmoid

Other conditions (If less than 3 months of death)  
Major findings: thrombosis sigmoid  
Of operations arteriosclerosis  
vegetative endocarditis  
Of autopsy hemiparesis of sigmoid

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) (e) Means of injury  
23. Signature Robert G. Warner (M. D. or other)  
Address Paul Mann Bldg. St. Louis Date signed Oct 31 1939

Robert J. Vance  
Perm. Burial Only

**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.....

*W. J. Vance*

Licensed Embalmer No.....

502

P. O. Address.....

St. Louis Mo

**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.**