

Registration District No.

Primary Registration District No.

Registrar's No.

10243

1. PLACE OF DEATH: 1008
 (a) County _____
 (b) City or town St. Louis
 (c) Name of hospital or institution: City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 years
 In this community 78 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 26
 (If outside city or town limits, write "RURAL")
 (d) Street No. 909 Clinton St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. No Physician in Attendance years.

3. (a) PRINT FULL NAME Mr. Henry R. Mueller 460
 3. (b) If veteran, name war No 3. (c) Social Security No. Unknown
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife the late Hannah Mueller 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 22 1861
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 29
 year 1939 hour 5:45 minute 4 M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 1 7 _____ hr. _____ min.

Immediate cause of death Fracture of humerus of left arm Distal
part
 Due to Slipped and fell to floor
 Due to _____

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Show Performer

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 1960
 Of operations _____
 Of autopsy 30

11. Industry or business _____
 12. Name Herman H. Mueller 6
 13. Birthplace Germany 6
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically

MOTHER FATHER
 14. Maiden name Mary Hannah (State or foreign country)
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Ella Ross
 (b) Address 909 Clinton St.
 17. (a) Burial (b) Date thereof Dec. 2-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Nov 28 1939
 (c) Where did injury occur? St. Louis Mo
 (City or town) (County) (State)
 (d) Did injury occur on or about home, on farm, in industrial place, in public place?
City Sanitarium

(c) Place: burial or cremation St. Peters
 18. (a) Signature of funeral director H. J. Ludner Und. Co
 (b) Address 1417 N. Market St

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

19. (a) NOV 30 1939 (b) J. D. [Signature]
 (Date received local registrar) (Registrar's Signature)

23. Signature [Signature] (M. D. or other) _____
 Address [Signature] Date signed 11.30.39

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

17-39 11951
 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Homer L. Pender

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.