JAN 8 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44473
Do not use this space.

1. PLACE OF DEATH
(a) County St Charles
Registration District No.
(b) Township Cuivre
Primary Registration District No. Registered No.
(c) or City Wentzville
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ferdinand H Mueller
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie A Mueller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1858
7. AGE YEARS 81 MONTHS 7 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Coromdelet Illinois

FATHER
13. NAME Andrew B Mueller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Germany

MOTHER
15. MAIDEN NAME Schutzart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Germany

17. INFORMANT (ADDRESS) Geo Mueller Wentzville, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Wright Cetry DATE 12-10 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mo. J E Altman Wentzville Mo.
20. FILED Jan - 5 - 1940 Gertrude S. Tonstall
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov. 1939, to Dec. 8, 1939
I last saw him alive on Dec. 8, 1939. Death is said to have occurred on the date stated above, at 7 20/77 m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy.
arteriosclerosis
Date of onset
Other contributory causes of importance: 8 2 W
Senility
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. C. McMurray, M. D.
(Address) Wentzville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

50M-9-19-38 I X16605

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 R. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.