S. No. 2
—11-10-39
v. 5-17-39
I X21492

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 9234

Registration District No. 791 Primary Registration District No. Registrar's No. 2717

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8453 Edna St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 8453 Edna St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Annie Mueller
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Oscar Mueller
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased August 16, 1874 (Month) (Day) (Year)
8. AGE: Years 65 Months 7 Days 4 If less than one day hr. min.
9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER 12. Name Henry Johanningmeier
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Oscar Mueller
(b) Address 8453 Edna St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/40 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) MAR 23 1940 (Date received local registrar) (b) [signature] (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th year 1940 hour 3:55 PM minute M.
21. I hereby certify that I attended the deceased from Mar 15 1940 to Mar 20 1940 that I last saw h. alive on Mar 20 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	5 days
following Lobar pneumonia	
Due to: Acute Pleurisy (dry)	5 days
Base of left lung	
Due to: Acute Laryngitis	7 days
Non Diphtheritic Non tubercular	
Other conditions: m (Include pregnancy within 3 months of death)	

Major findings:
Of operations X
Of autopsy m

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) X
(b) Date of occurrence X
(c) Where did injury occur? X (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? X (e) Means of injury X
23. Signature William T Hirsch (M. D. or other) M D
Address 3500 N Grand Date signed 3/22/40

(Licensed Embalmer's Statement on Reverse Side)

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 Leonard Hampton

Licensed Embalmer No. 2967

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.