

MAY 15 1940

791

1003

Registration District No.

Primary Registration District No.

3037

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If not in city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lutheran Hospital /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community 29 Years
 years, months or days)

3. (a) PRINT FULL NAME Henry Mueller 4603. (b) If veteran, name war --- 3. (c) Social Security No. 488-09-54224. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Gertrude 6. (c) Age of husband or wife if alive 52 years7. Birth date of deceased November 15, 1885
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
54 4 16 hr. min.9. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)10. Usual occupation Brewery Worker11. Industry or business Busch Wash House12. Name Adam Mueller13. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)14. Maiden name Unknown Woerner
15. Birthplace Austria Hungary
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Gertrude Mueller
(b) Address 3835a Michigan Ave.17. (a) Burial (b) Date thereof 4/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation N.S.S. Peter & Paul18. (a) Signature of funeral director Wacker - Welderle
(b) Address 2331 S. Broadway19. (a) APP 1 1940 (b) J. F. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 24
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3835a Michigan
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 31
year 1940 hour 7 minute _____ p. M.21. I hereby certify that I attended the deceased from 3/29
1940, to 3/31, 1940
that I last saw him alive on 3/31/1940, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death
General Coronaromalous
primary site unknown
Due to _____Due to _____
Other conditions
(Include pregnancy within 3 months of death)
52Major findings: General Coronaromalous
Of operations _____
Of autopsy _____

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 _____23. Signature am jr and (M. D. or other) _____
Address 2651 Grand St Date signed 4/1/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

Frank J. Ireland Jr.

Licensed Embalmer No.

2675

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.