No. 2
1-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13653

FILED MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3855

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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether
In this community 55 years
years, months or days)

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. 416 Wilmington
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Emil Mueller 460

3. (b) If veteran, name war ---

3. (c) Social Security No. 703-03-3078

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased February (Month) 22, (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	2	7	hr. min.

9. Birthplace (City, town, or county) Switzerland (State or foreign country)

10. Usual occupation Switchman 7

11. Industry or business retired 3 yrs. 7

FATHER
12. Name Theodore Mueller 7
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Margaret Mueller

(b) Address 416 Wilmington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/1/40 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Wacker-Helderle

(b) Address 2331 S. Broadway

19. (a) APR 29 1940 (Date received local registrar) J. E. Bartlick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1940 hour 1 minute 20 a M.

21. I hereby certify that I attended the deceased from April 13, 1940, to April 29, 1940;
that I last saw him alive on April 29, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cystitis	2
Due to Salus Dorsalis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

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

23. Signature Dean Thompson (M. D. or other)
Address Missouri Pacific Hosp. Date signed 4/29/40

(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 Frank J Wyland Jr

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.