o. 2
13-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37169 9442

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution: 1057 Veronica Ave (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 8 (If outside city or town limits, write "RURAL")
(d) Street No. 1057 Veronica Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Clarence W. Mueller
3. (b) If veteran, name war None 3. (c) Social Security No. None S.S. 492-16-1378
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura A Mueller nee Fricke 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased January 31, 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
55	9	13	hr. min.

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business Board of Education 6
FATHER 12. Name Gotlieb Mueller
13. Birthplace Germany 6 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Ubert
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Laura A Mueller
(b) Address 1057 Veronica Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/40 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) NOV 18 1940 (Date received local registrar) (b) J. Buedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14, year 1940 hour 9:00 AM minute M.
21. I hereby certify that I attended the deceased from April 27 19 39 to Nov 14 19 40 that I last saw h. alive on Nov 13 19 40 and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma — Duration 4 months
Due to Biopsy of Gland 8/6/40
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 J. R. Tannegan (M. D. or other) M D
Address 539 N Grand Date signed 11/15/40

(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.....

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.