

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. **757** Primary Registration District No. **3036** Registrar's No. **215**

1. PLACE OF DEATH:

(a) County **St. Charles**  
(b) City or town **St. Charles**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**228 Thompkins Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **Life Time** years, months or days) **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**  
(c) City or town **St. Charles**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **228 Thompkins St**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Mary Elizabeth Mueller**

8. (b) If veteran, name war **No** 8. (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 **Frank Leo Mueller** 6. (c) Age of husband or wife if alive **67** years

7. Birth date of deceased **May 30 1894**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66 6 12** hr. min.

9. Birthplace **St. Charles Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **6**

MOTHER FATHER  
12. Name **Fredrick Bogmeyer**  
13. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Unknown**  
15. Birthplace **Unknown Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Frank Leo Mueller**

(b) Address **228 Thompkins, St. Charles, Mo**

17. (a) **Burial** (b) Date thereof **Dec. 16-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter's Cem. St. Charles, Mo.**

18. (a) Signature of funeral director **H. C. Dellmeyer, Sec. C. No. 679**

(b) Address **200 N. Second, St. Charles, Mo**

19. (a) **12-16-40** (b) **Clarence G. Neale**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **12**  
year **1940** hour **12** minute **40 A.** M.

21. I hereby certify that I attended the deceased from **October 16**  
**1938** to **December 12**, 19**40**

that I last saw her alive on **December 12**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **1 week.**

Due to **Diabetes mellitus & gangrene of left foot.**

Due to **Essential hypertension. Hemiplegia, right.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **No** **54**

Of autopsy **No** : **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 **London R. McIntire** (M. D. or other) **M.D.**

Address **106 Washington** Date signed **12-14-40**

2  
4  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 John E. Dallmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles 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.**