No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 324

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 324

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: 3842a St. Ferdinand Ave 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 33 yrs. 6 mos
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1117
(If outside city or town limits, write "RURAL")

(d) Street No. 3842a St. Ferdinand Ave 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wallace Mueller

3. (b) If veteran, name war no

3. (c) Social Security No. 486-16-2688

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Victoria Mueller

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased July 10, 1907
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
33	6	0	hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Tar Roofer

11. Industry or business

FATHER
12. Name Peter Mueller
13. Birthplace unknown 4 Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Roth
15. Birthplace St. Louis 0 Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Victoria Mueller
(b) Address 3842a St. Ferdinand Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave 844

19. (a) JAN 13 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1941 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from Jan 7, 19, to Jan. 10, 1941
that I last saw him alive on Jan. 9, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina Pectoris	1 day
Due to Coronary Thrombosis	
Due to	
Other conditions Acute Endocarditis (Include pregnancy within 3 months of death)	4 days

Major findings:
Of operations 94
Of autopsy None.

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?
Herman L. Wetterer M.D.
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Herman L. Wetterer (M. D. or other)
Address 2728 N. 11 St Date signed 1-13-41

(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 Charles J. Goodhart

Licensed Embalmer No. 2777

P. O. Address .....

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

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