. No. 2
-4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 472

FILED FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 472

10
17
9

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1723
(If outside city or town limits, write "RURAL")

(d) Street No. 1103 Sidney 9
(If rural, give location)

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

3. (a) PRINT FULL NAME Katherine (Muller) Mueller

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 2

6. (b) Name of husband or wife John G. Mueller

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased November 18 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	1	28	hr. min.

9. Birthplace Quincy, Ill. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name William Otto
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant George Mueller
(b) Address 1103 Sidney

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-41
(Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) JAN 16 1941 (Date received local registrar) (b) J. H. Bredeck R.E. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
year 1941 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from 12-26, 1940, to Jan 15, 1941
that I last saw her alive on Jan 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Hypostatic Pneumonia	1 wk.
Due to Senility & Arteriosclerosis	
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 0

23. Signature Bert H Klein (M. D. or other) MD
Address 2632 S Kingshighway Date signed 1-16-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Arnold K Lein
Kingshighway & Magnolia
La. 7475
GR. 4888 (Raid)

either 4 PM Wednesday
1 to 3 PM Thursday

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 Raymond Hoemann, Registered Apprentice No. 275 working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 14018

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, fact should be so stated above.