No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11088

APR 3 1941

Registration District No. 423 | Primary Registration District No. 5578 | Registrar's No. 9

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

1. PLACE OF DEATH:
(a) County JEFFERSON
(b) City or town RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 22 YEARS 1

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR IMPERIAL
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME WILLIAM C. MUELLER
3. (b) If veteran, name war M
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARIE MUELLER
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased JAN (Month) 13 (Day) 1876 (Year)

8. AGE: Years 65 | Months 2 | Days 22 | If less than one day ___ hr. ___ min.

9. Birthplace ST LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
MOTHER FATHER
12. Name DANIEL MUELLER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name ANNIE CRECENIUS
15. Birthplace ST LOUIS CO (City, town, or county) MO (State or foreign country)
16. (a) Informant Marie Mueller
(b) Address KIMMSWICK MO RR 2
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 8 1941 (Month) (Day) (Year)
(c) Place: burial or cremation TRINITY LUTHERAN
18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO RR 2
19. (a) Mar 8 - 1941 (Date received local registrar) (b) Phil J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5 year 1941 hour 4:00 AM minute ___ M.
21. I hereby certify that I attended the deceased from 1931, 19__, to Mar. 5, 1941; that I last saw him alive on 3/5/41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis	1
Due to	
Due to	
Senility	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. Reich M.D. (M. D. or other)
Address Kimmswick Mo Date signed 3/5/41

(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 Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Kittanning M

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, above space should be left blank.