

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12698

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3128

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo. 18 Days  
(Specify whether years, months or days)  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 179  
(d) Street No. 4317 No. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8,  
year 1941 hour 8:25 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from February  
21, 1941 to April 8, 1941  
that I last saw him im alive on April 8, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma of Rectum  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Arteriosclerotic Heart Disease  
(Include pregnancy if in 9 months of death)  
Major findings: Caecostomy  
Of operations \_\_\_\_\_  
Of autopsy above  
Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Adam Mueller  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 499014477

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Catherine Mueller  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 22, 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 11 16 hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Mueller,  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Stemler  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Mueller,  
(b) Address 4319 N. Broadway

17. (a) Burial (b) Date thereof 4/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 2117 E. Grand Blvd.

19. (a) APR 10 1941 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature \_\_\_\_\_ (City, town, or county)  
Address 1515 Lafayette Avenue, D.C. 1941

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.....

Licensed Embalmer No. 3041

P. O. Address..... 2117 E. 1st

**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.**