

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

DEPARTMENT OF COMMUNITY AFFAIRS
BUREAU OF THE CENSUS

MAY 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 13084

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 3514

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:
St. Anthonys Hospital
(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: 000
17
12

(a) State Missouri (b) County.....

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

(d) Street No. 4615 Lindell Blvd
(If rural, give location)

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

3. (a) PRINT FULL NAME Edgar A. Mueller

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Ebbert 6. (c) Age of husband or wife if alive ? unk years

7. Birth date of deceased May 9th, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>11</u>	<u>13</u>	hr. min.

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

10. Usual occupation Retired Asst Manager (4 yrs)

11. Industry or business National Lead Co

MOTHER FATHER { 12. Name August C. Mueller

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Lena Miller

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

16. (a) Informant Marie Mueller

(b) Address 4615 Lindell Blvd

17. (a) Burial (b) Date thereof 4/21/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) APP 24 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1941 hour 11.50 minute A M.

21. I hereby certify that I attended the deceased from Feb. 20 1941 to 4/22/41 19.....
that I last saw him alive on 4/22/41 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of Lung
Carcinoma of Prostate Primary

Due to 518

Other conditions Arteriosclerotic Heart Disease
(Include pregnancy within 3 months of death)

Major findings: None
Of operations.....

Of autopsy Carcinoma of Lung
Carcinoma of Prostate

22. If death was due to external cause, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? None
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? [Signature] (Specify type of place) (e) Means of injury 0

23. Signature R.V. Powell (M. D. 0)

Address 3720 Washington Ave Date signed 4/23/41

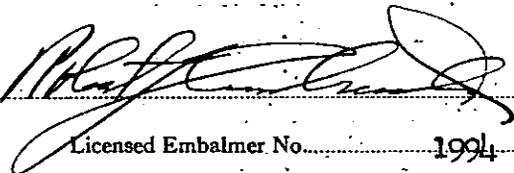
Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... 1994

P. O. Address Clayton, 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.