

FILED MAY 27 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14996

State File No. _____

11-10-39
5-17-39
PI X21492

Registration District No. 465

Primary Registration District No. 5620 B

Registrar's No. 5

1. PLACE OF DEATH:

(a) County LAFAYETTE
(b) City or town RURAL MIDDLETON TWP
(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 _____
In this community ALL HIS LIFE IN COUNTY
years, months or days

3. (a) PRINT FULL NAME LOUIS CHARLES MUELLE

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARY MUELLER 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased JUNE 16 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 13 If less than one day hr. min.

9. Birthplace GERMANY (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business ✓

MOTHER FATHER { 12. Name WILLIAM MUELLER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. MARY MUELLER
(b) Address Waverly Mo 870 1

17. (a) BURIAL (b) Date thereof MAY 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DOESA CITY CEMETERY

18. (a) Signature of funeral director E. J. JAMES

(b) Address CONCORDIA MO.

19. (a) APR 29 1941 (b) Clayton T. Landrum
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 MILES NORTH SLAUS BURN
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 29
year 1941 hour 2 minute 4 M.

21. I hereby certify that I attended the deceased from January 22, 1940 to April 29, 1941,
that I last saw him alive on April 28, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis and myocardial degeneration

Due to _____
Due to _____

Other conditions Chronic Bright's disease
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation
Of autopsy no autopsy

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 Geo. A. Kelling, M.D. (M. D. or other) M.D.
Address Waverly, Mo. Date signed _____

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

4
0
0

54
5
0
0

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-6-41

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 ME
....., Registered Apprentice No. 2058
working under my personal supervision.

Signed

E. S. James

Licensed Embalmer No.

2058

P. O. Address

Concordia 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, above space should be left blank.