

No. 2  
-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15670**

Registration District No. **757**

Primary Registration District No. **3036**

Registrar's No. **84**

1. PLACE OF DEATH:

(a) County **St. Charles**

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

(c) Name of hospital or institution:  
**1219 N. South Street**  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Edward Charles Mueller**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **493-05-0427**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Hersietta Spinks**

6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **June 14 1894**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>46</b>	<b>10</b>	<b>3</b>	hr. min.

9. Birthplace **Albee, South Dakota**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Electrician**

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

MOTHER FATHER {

12. Name **George Mueller**

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

14. Maiden name **Betha Shultz**

15. Birthplace **Chicago Illinois**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hersietta Mueller**

(b) Address **1219 N. South, St. Charles, Mo.**

17. (a) **Burial** (b) Date thereof **April 17 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cem., St. Charles**

18. (a) Signature of funeral director **H.C. Dallymore, St. Charles, Mo.**

(b) Address **800 N. Second, St. Charles, Mo.**

19. (a) **4-18-41** (b) **Clarence S. Kessler**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**

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

(d) Street No. **1219 N. South St.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17**  
year **1941** hour **6** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **March 29** to **April 17**, 19**41**;  
that I last saw him alive on **April 17**, 19**41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of mouth with metastasis**

Duration **3 years**

Due to \_\_\_\_\_

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? \_\_\_\_\_

(e) While at work \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_

23. Signature **H. D. Canty, M.D.** (M. D. or other) \_\_\_\_\_  
Address **St. Charles, Mo.** Date signed **4-18-41**

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

**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 John E Dallmeyer  
Licensed Embalmer No. 2951  
P. O. Address St Charles 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.**