No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 9 1941

State File No. 15784

Registration District No. 184 Primary Registration District No. 105 Registrar's No. 932

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Glendale (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 299 Elm, Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 20-days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town (Rural) Chesterfield, R. #-1. (If outside city or town limits, write "RURAL")

(d) Street No. Highway #-61 (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Mueller

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Domian Mueller

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan. (Month) 25 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
75	3	7	hr. min.

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

10. Usual occupation House wife

11. Industry or business At home

FATHER
12. Name James Ball
13. Birthplace ? (City, town, or county) Kentucky. (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ? (City, town, or county) Kentucky. (State or foreign country)

16. (a) Informant Domian Mueller

(b) Address Chesterfield, Mo. R. #-1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 4-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cem. Creve Coeur, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) MAY - 2 1941 (Date received local registrar) (b) T. R. Meyer M.D. Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 st. year 1941 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from Fri 1 1941, to May 1 1941, that I last saw her alive on May 1 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	
Due to Arteriosclerosis	
Due to Hypertension	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. Hempelmann HEMPELMANN (M. D. or other)

Address 203 Beaumont Bldg Date signed 5/2/41

(Licensed Embalmer's Statement on Reverse Side)

3720 Washington

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 Theo Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, Mo.

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, fact should be so stated above.