

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16809
Registrar's No. 4327

Registration District No. 791 Primary Registration District No. 1003

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

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17
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1. PLACE OF DEATH:

(a) County.....
(b) City or town..... ST. LOUIS
(c) Name of hospital or institution:
LUTHERAN HOSPITAL
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... MO (b) County..... ST. LOUIS 96
(c) City or town..... LEMAY - RURAL
(d) Street No. 133. W. LORRETTA-
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME MARIE MUELLER.

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife WILLIAM 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased. OCT. 27 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 6 Days 25 If less than one day
hr. min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE.

11. Industry or business HOME

12. Name GEORGE SCHLASTER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name LENA FROMM.
15. Birthplace PRESTON ILL
(City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM MUELLER.
(b) Address 133 W. LORRETTA.

17. (a) BURIAL (b) Date thereof MAY 24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation SUN SET BURIAL PAX

18. (a) Signature of funeral director Geo. B. Fendler
(b) Address 7128 MICHIGAN AV.

19. (a) MAY 23 1941 (b) [Signature]
(Special Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1941 hour 1 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from May 25, 1941, to May 22, 1941, that I last saw her alive on May 22, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Infection of St. parotid.

Due to Diabetes; Pyelitis.

Due to 61

Other conditions 18
(Include pregnancy within 3 months of death)

Major findings: Of operations 51
Of autopsy

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

While at work? (Specify type of place) (Specify type of place) (c) Means of injury
23. Signature [Signature] (M. D. or other)
Address 5401 9 Grandis Date signed 5-23-41

JUL 8 1941

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.....

Harry J. Schumacher

Licensed Embalmer No.

2679

P. O. Address.....

732 Lemay

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.