

S. No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

17048

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4566

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5045 Chippewa St.
(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:

(a) State Mo. (b) County 000
(c) City or town St. Louis 14/7
(If outside city or town limits, write "RURAL")
(d) Street No. 5045 Chippewa St. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Marie Mueller Roche

3. (b) If veteran, name war None 3. (c) Social Security No. 202-14-2316

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

6. (b) Name of husband or wife Thomas J. Roche 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased. July 26th 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 10 4 ..hr.min.

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

10. Usual occupation Clerk at Mo. Pac. R.R.

11. Industry or business.....

12. Name Frederick Mueller

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

14. Maiden name Minnie Kuchenbuch

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

16. (a) Informant Emma E. Mueller

(b) Address 5045 Chippewa St.

17. (a) Burial (b) Date thereof 6-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. MAY 31 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1941 hour 5:30 minute A.M. M.

21. I hereby certify that I attended the deceased from at 1940 to May 1941
that I last saw her alive on May 15 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Anoxia
Buccal mucus 2 yr

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

Duration
2 yr
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?.....

23. Signature Lucius J. Ryan (M. D. or other) Mo

Address 4228 So. Kingshighway Blvd Date signed May 21 41

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

MOTHER FATHER

Je: 5470 and (50: 9761)
Pat Bowen Hosp.
Info. Mark

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 Elmer D. McArnett

Licensed Embalmer No. 3024

P. O. Address.....

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.