No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20451

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5263

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 5401 Holly Hills
(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 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 217
(If outside city or town limits, write "RURAL")

(d) Street No. 5401 Holly Hills
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 40 Yrs. 0 years.

3. (a) PRINT FULL NAME Eva Mueller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jacob

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July 22nd 1878
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	11	2	hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Casmir Rock
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Jacob Mueller
(b) Address 5401 Holly Hills

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/41 (Month) (Day) (Year)

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

18. (a) Signature of funeral director John R Zeigenhein
(b) Address 7027 Gravois Ave.

19. (a) JUN. 26, 1941 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th year 1941 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 1, 1940, to June 24, 1941, that I last saw her alive on June 24, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease — Duration 4 Yrs.

Due to Generalized Arteriosclerosis

Due to —

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

Major findings: Of operations None

Of autopsy None

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? —

While at work? (Specify type of place) (e) Means of injury —

23. Signature Leon C. Hale (M. D. or other)

Address 1504 So. Grand Blvd. Date signed 6/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 G. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.