

FILED AUG 8 1941

Registration District No. **784**

Primary Registration District No. **10**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis County Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12 days**
28 years (Specify father
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**
(If outside city or town limits, write "RURAL")
(d) Street No. **322 Weiss Ave.**
(If rural, give location)
(e) Citizen of foreign country? **unknown** / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Marie Mueller

3. (b) If veteran, name war **unknown**

3. (c) Social Security No. **unknown**

4. Sex **female** / 5. Color or race **white**
6. (a) Single, widowed, married, divorced / **married**

6. (b) Name of husband or wife **Chris Mueller**
6. (c) Age of husband or wife if alive **?** years

7. Birth date of deceased **Sept. 6 1872**
(Month) (Day) (Year)

8. AGE: Years **68** Months **10** Days **3**
If less than one day hr. min.

9. Birthplace **Unknown Hungary**
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

11. Industry or business **at home**

12. Name **Unknown Unknown Wagner**

13. Birthplace **Hungary unknown unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Marie Gregnog**

15. Birthplace **unknown Hungary Hungary**
(City, town, or county) (State or foreign country)

16. (a) Informant **Christ Mueller**

(b) Address **322 Weiss**

17. (a) **burial** (b) Date thereof **7-12-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **W.H. Olive**

18. (a) Signature of funeral director **Flendler and Co**

(b) Address **7420 Michigan**

19. (a) **JULY 1 1941** (b) **R. H. Meyer M.D.**
(Date received local registrar) (Registrar's signature)

7:7 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9**
year **1941** hour **3** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **6-27-41**
19... to **7-9-41** 19...
that I last saw her alive on **7-9-41** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure** Duration **36 h**
Due to **gas gangrene of leg** **3 day**
Due to **Wiskel's melioid** **?**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **61**
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature **J. H. Foreman** (M. D.)
Address **St. Louis Co. Hosp.** Date signed **7/10/41**

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

MOTHER FATHER

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..... *Oliver E. Fendler*

Licensed Embalmer No. *4146*

P. O. Address. *St Louis, 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.