

FILED SEP 8 1941

State File No.

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 1739

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
539 Jackson Ave.
(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 St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 539 Jackson Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If (yes, name country.....)

3. (a) PRINT FULL NAME Lily Y. 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 Theodore Mueller 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. 5 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	7	12	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name George Yung

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

14. Maiden name Caroline Roesch

15. Birthplace Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Mueller

(b) Address 539 Jackson Ave.

17. (a) Interment (b) Date thereof 8-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) AUG 19 1941 (b) E. M. Lawson
(Date received local registrar) (Registrar's signature)

707 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
year 1941 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 1 1939 to Aug 17 1941
that I last saw him alive on Aug 17 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid-rectum & bladder Duration 2 1/2 yrs

Due to Heart

Other conditions Diabetes - Hypertension
(Include pregnancy within 3 months of death)

Major findings: Ca of rectum & Sigmoid

Of operations..... Of autopsy.....

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 A. Johnson (M. D. No.)
Address 2435 N. Grand Date signed 8/18/41

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

2435M. Grand

1-3 p.m.

JAN 29 1942

MAY 18 1943

JUL 2 1943
JUN 22 1945

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..... *Albert R. Thompson*.....

Licensed Embalmer No. *4230*.....

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.