

FILED OCT 18 1941

Registration District No. **7917**

Primary Registration District No. **1003**

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:
2758a Arsenal St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis **24 17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. 2758a Arsenal St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME PHILLIP J. MUELLER

3. (b) If veteran, name war..... no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... Albina Mueller 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased About 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 60 Unknown hr. min.

9. Birthplace..... Germany **4**
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business.....

MOTHER FATHER { 12. Name Phillip Mueller
13. Birthplace Germany **4**
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown **4**
(City, town, or county) (State or foreign country)

16. (a) Informant Albina Mueller
(b) Address 2758a Arsenal St.

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

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

18. (a) Signature of funeral director M. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) SEP 27 1941 (b) J. J. Redick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th
year 1941 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from July 8, 1941 to Sept. 24, 1941
that I last saw him alive on Sept. 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death..... Apoplexy Duration 1 day

Due to..... Cirrhosis of Liver **3 mos.**

Due to..... Gall Stones

Other conditions..... **126**
(Include pregnancy within 3 months of death)

Major findings: Of operations July 16, 1941
Cholelithotomy - stone in
common duct. 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 A. W. Patis (M. D. or other) **P.M.D.**
Address 4145 a S. Grand Date signed 9/26

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

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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..... *Benj. C. Duncan*
Licensed Embalmer No..... *2272*
P. O. Address..... *1926 Allen*

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.