

FILED OCT 7 1941

Registration District No. 782

Primary Registration District No. 200

Registrar's No. 1056

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Rural Clayton Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Muellers Clayton Rd nr Ballas Rd
(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 Missouri (b) County St Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louise 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 Daniel Mueller 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased December 26 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Schaupt

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

14. Maiden name Francis Nicklaus

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

16. (a) Informant Daniel Mueller
(b) Address Clayton Mo

17. (a) Burial (b) Date thereof 9-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Pauls Cemetery

18. (a) Signature of funeral director Louis H Bopp

(b) Address 131 W Argonne Dr Kirkwood Mo

19. (a) SEP - 8 1941 (b) C. H. McLaughlin
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1941 hour _____ minute 8:05 A. M.

21. I hereby certify that I attended the deceased from 8-19 1940 to 8-6 1941
that I last saw he alive on 8-6-41 2:45 a.m.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
arteriosclerosis

Due to _____
Due to _____

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

Major findings: 930
Of operations _____
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) (a) Means of injury _____

23. Signature C. E. Barrell, M.D. (M. D. or other) _____
Address Kirkwood Mo Date signed _____

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

600

STATEMENT BY LICENSED EMBALMER

Louis H Bopp

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.....

Louis H Bopp

Licensed Embalmer No. *925*

P. O. Address *Kittwood*

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.