

DEC 22 1941

1003

8712

Registration District No. 791

Primary Registration District No.

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME LUCILLE MUELLER

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E. R. Otto Mueller 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July 21 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 3 10
hr. min.

9. Birthplace Brown County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Wm. H. Flaugher

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

14. Maiden name Maria Kirk

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

16. (a) Informant L R Mueller (husband)

(b) Address 7042 Oleatha, St. Louis, Mo.

17. (a) Burial (b) Date thereof 11-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Hoffmeister

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) Nov 3 1941 (b) J. P. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7042 Oleatha Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1941 hour 3:28 minute P. M.

21. I hereby certify that I attended the deceased from May 29 - 41
....., 19....., to Oct 31 - 41
that I last saw h. alive on Oct 31 - 41
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Cancer of Descending Colon
Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) H/O

Major findings: Cancer of Colon & Metastasis

Of operations.....
Of autopsy not done

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. Whimpson (M. D. or other).....

Address 4952 Waverley Date signed.....

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

000
17
9

MOTHER FATHER

Duration

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. J. W. Thompson
4952 Maryland Ave.
Fo. 8844

1:00 - 3:00 P. M.

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.....

Linus C. Hoffmeister

Licensed Embalmer No.....

3871

P. O. Address.....

7814 S. Broadway

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.