

FILED MAR 24 1942
Registration District No. 1791

Primary Registration District No. 100

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

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:
Deaconess Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
In this community 51 Years

3. (a) PRINT FULL NAME Mary Mueck

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan. 31 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 3
If less than one day hr. min.

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

10. Usual occupation Hwk.

11. Industry or business at home

12. Name Unknown Schmidt

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

14. Maiden name Unknown

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

16. (a) Informant Frank J. Mueck

(b) Address 9740 Muecks Terrace Rock Hill

17. (a) Burial (b) Date thereof 3-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Kriegshausner Mort.

(b) Address 4228 S. Kingshighway Blvd.

19. (a) MAR 6 1942 (b) J. J. Redbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Rock Hill Village
(If outside city or town limits, write "RURAL")
(d) Street No. 9740 Muecks Terrace
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1942 hour 1 minute 40 p.m.

21. I hereby certify that I attended the deceased from July 26 1941 to March 4 1942
that I last saw her alive on March 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Lungs Duration 2 days
Due to benign carcinoma of right breast 2 yr

Due to 70
Other conditions Pathological fracture left femur 7 1/2 mo
(Include pregnancy within 3 months of death)

Major findings:
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) no
(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?
The pathological fracture occurred in home
While at work? yes (Specify type of place) (e) Means of injury 0

23. Signature Robert A. Schlueter (M. D. or other)
Address 508 N. Grand Blvd Date signed 4/2

Dr. Robert Schluneger
Met. Bldg.

De 4/41
9-3

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 Reinhold H. Lohmann
Licensed Embalmer No. 3395
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.