S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4849

Registrar's No. 2068

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:
6245 San Bonito, 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 Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6245 San Bonito, Ave.,
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME AUGUSTA ~~MULLER~~ Muller RIEDEL.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herman Riedel.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 7th (Day) 1867 (Year)

8. AGE: Years 74 Months 7 Days 27 If less than one day hr. min.

9. Birthplace New Orleans, (City, town, or county) La. (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Gustaf Muller
13. Birthplace (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name Marie Mengler.
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Miss. Lucile Riedel
(b) Address 6245 San Bonito, Ave.,

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 3-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd

19. (a) MAR 5 - 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1942 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from 1928, 19, to March 4, 1942 that I last saw her alive on March 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 10 yrs.

Due to Arterio-sclerosis — 14 yrs

Due to Hypertension — 14 yrs

Other conditions
(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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Carl Althaus (M. D. or other)
Address 3248 Lafayette Date signed 3/5/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lou [illegible]
3248 Lafayette
GR 7402
8:30 - 9:30 a.m.
1 - 2 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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City Mo

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.