V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9010

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2953

1. PLACE OF DEATH:

(a) County: St Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4655 Varrelman (If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution: (Specify whether years, months or days) In this community: 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 15
(c) City or town: St. Louis, (If outside city or town limits, write "RURAL") 100 17
(d) Street No.: 4655 Varrelmann (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Anna 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: Frank
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: Sept (Month) 14 (Day) 1889 (Year)

8. AGE: Years 52 | Months 6 | Days 17 | If less than one day: - hr. - min.

9. Birthplace: (City, town, or county) – (State or foreign country) Austria 4
10. Usual occupation: Housewife
11. Industry or business: ---

FATHER
12. Name: Chashmier Rack
13. Birthplace: (City, town, or county) (State or foreign country) Austria 4

MOTHER
14. Maiden name: Unknown
15. Birthplace: (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant: Frank Mueller
(b) Address: 4655 Varrelman,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/42 (Month) (Day) (Year)
(c) Place: burial or cremation: New SS Peter & Paul Cem
18. (a) Signature of funeral director: Oscar J. Hoffmeister
(b) Address: 4016 Chippewa St.
19. (a) APR 2 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31 year 1942 hour 6 minute P M.

21. I hereby certify that I attended the deceased from June 12, 1937, to March 31, 1942, that I last saw her alive on March 31, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac dilatation	1 day
Hypertension	5 years
Due to: Chr Myocarditis	
Due to: 93C	
Other conditions (Include pregnancy within 3 months of death): 93C	

Major findings:
Of operations: none
Of autopsy: none

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: Edwin Bonnet (M. D. or other) 0
Address: 1504 20 Frank Date signed 4-2-42

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Gillars

Licensed Embalmer No. 4080

P. O. Address 3747 Dunnica

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.