

S. No. 2
A-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9011
2484
Registrar's No. _____

FILED APR 8 1942
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(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. 2901 Caroline
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Mueller
3. (b) If veteran, name war _____
3. (c) Social Security 495-14-9250

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 17
year 1942 hour 5:25 minute _____ P. M.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from 3-16-42 19 to 3-17-42 19
that I last saw h. im alive on 3-17-42 19
and that death occurred on the date and hour stated above.
Immediate cause of death _____

7. Birth date of deceased Jan. 28, 1899
(Month) (Day) (Year)
8. AGE: Years 42 Months 2 Days 17
If less than one day _____ hr. _____ min.

Due to Acute hemorrhagic pancreatitis
Due to _____

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

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

10. Usual occupation Attendant

Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business City Sanitarium
12. Name Unknown JOHN MUELLER
13. Birthplace Unknown ST. LOUIS known 0
(City, town, or county) (State or foreign country)
14. Maiden name Unknown ANNA SIRINEC
15. Birthplace Unknown ST. LOUIS known 0
(City, town, or county) (State or foreign country)

16. (a) Informant D. Deegendorf
(b) Address 3300 ARSENAL

17. (a) BURIAL (b) Date thereof MAR. 20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEWSS PETER & PAUL
18. (a) Signature of funeral director Thos. J. Filbecke
(b) Address 2906 Grand Ave

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? _____

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

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature Paul T. Hartman (M. D. or other) _____
Address 5300 Arsenal Date signed 3-18-42

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 6 1942

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.....

David M. Van Fossen

Registered Apprentice No. *280*

working under my personal supervision.

Signed.....

David M. Van Fossen

Licensed Embalmer No. *1619*

P. O. Address.....

2906 Sherwin

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.