

FILED APR 17 1942 791

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony's Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years
(years, months or days)

3. (a) PRINT FULL NAME Henry Mueller
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Lina Mueller 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 25, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	6	11	br. min.

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

10. Usual occupation Watch-maker

11. Industry or business _____

12. Name Unknown Mueller

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

14. Maiden name Unknown

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

16. (a) Informant Marie Mueller
(b) Address 3890 Washington Avenue

17. (a) Burial (b) Date thereof 4/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.

19. (a) ADD 7 1942 (b) J. J. Predeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 19.000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3890 Washington Avenue
(If rural, give location)
(e) Citizen of foreign country? In U. S. A. 50 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1942 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from Mar 10, 1942, to Apr 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Gastric Ulcer, 4 days (Pn + opulture)

Due to 117

Due to _____

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

Major findings: Perforated Gastric Ulcer
Of operations _____
Of autopsy _____

Duration 4 days
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? _____

23. Signature Paul Berny (Specify type of place) _____
Address _____ (Means of injury) _____
Date signed Apr 7 42

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 *J. G. Sullivan*
Licensed Embalmer No. *1122*
P. O. Address *4705 Washington*

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.