

FILED JUN 2 1942 **791**

Registration District No.

Primary Registration District No.

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 wks.
(Specify whether
In this community 50 yrs.
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. 4860 Austria
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna Mueller

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Carl 6. (c) Age of husband or wife if alive 1867 years
7. Birth date of deceased Nov. 24 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business.....

MOTHER FATHER { 12. Name mueller
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Raymond D. Mueller

(b) Address 4104 Alma Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-25-42 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director John J. Ziegler

(b) Address 7027 Gravois Ave.

19. (a) MAY 25 1942 (Date received local registrar) J. F. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1942 hour 6 minute 25 AM/PM

21. I hereby certify that I attended the deceased from April 15 1942 until May 22 1942 that I last saw him alive on May 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of sigmoid

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Cancer of sigmoid Perforated cecum

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?

23. Signature W. W. Waggoner (M. D. or other) W. W. Waggoner (Specify type of place) (e) Means of injury

Address 4738 Ermon Date signed 5/23/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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19
9

844

(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..... *C. P. Kidwell*.....
Licensed Embalmer No. *3877*.....
P. O. Address..... *7027 Gravois*.....

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.