S. No. 2
M—1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 28 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16482

Primary Registration District No. 1003

Registrar's No. 4310

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

00
17
9

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: 5401a Holly Hills 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 2 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5401a Holly Hills 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mueller Anna

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Joseph Mueller

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased November (Month) 8 (Day) 1908 (Year)

8. AGE: Years 33 Months 6 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name Alois Folkl

13. Birthplace Germany (City, town, or county) Germany 4 (State or foreign country)

MOTHER 14. Maiden name Eva Heber

15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Mueller

(b) Address 5401a Holly Hills

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/18/42 (Month) (Day) (Year)

(c) Place: burial or cremation New ST. Peter & Paul

18. (a) Signature of funeral director John L. Ziegenheim & Sons.

(b) Address 7027 Gravois Ave.

19. (a) MAY 1 (Date received local registrar) 1942 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1942 hour 8:45 minute A M.

21. I hereby certify that I attended the deceased from 1-14-41 to 5-15-42 that I last saw her alive on May 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix uteri

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Carcinoma Cervix with metastases to vertebral nodes

Duration

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 0

23. Signature G. H. Cannon (M. D. or other)

Address 4952 Maryland Date signed 5-15-1942

(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.