

FILED JAN 14 1943

Registration District No. **318** Primary Registration District No. **48** Registrar's No. **47**

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: **3550a South Broadway**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **Life** (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. **3550a S. Broadway**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Edward Mussler**

3. (b) If veteran, name war.....

3. (c) Social Security No. **488-09-9760**

20. DATE OF DEATH: Month **January** day **2**
19**43** year..... hour..... minute **40** A.M.

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Della Mussler** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: **July** **11**, **1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Oct 1940** to **Jan 1942**
that I last saw ~~her~~ alive on **Jan 29**, 19**42**
and that death occurred on the date and hour stated above.

8. AGE: Years **72** Months **5** Days **21** If less than one day.....hr.....min

Immediate cause of death: **Chronic Myocarditis**

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

10. Usual occupation **Retired 15 years**

11. Industry or business.....

Due to.....

Due to.....

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

MOTHER FATHER { 12. Name **August Mussler**

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

14. Maiden name **Caroline Schneider**

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

16. (a) Informant **Lena Mussler**

(b) Address **3550a S. Broadway**

17. (a) **Burial** (b) Date thereof **1 4 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul's Churchyard**

18. (a) Signature of funeral director **John Aldrich, Ind. Co.**

(b) Address **3634 Gravois Avenue**

19. (a) **JAN 14 1943** (b) **J. P. Busch**
(Date of local registration) (Registrar's signature)

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 **Robert O. Urban** (M. D. or other)
Address **3665 So Broadway** Date signed **1-2-42**

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

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..... *Robert C. Wheeler*

Licensed Embalmer No. *2178*

P. O. Address..... *Arkansas*

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.