

FILED JAN 25 1943
Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH: 1
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 826 South 19th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not (Specify whether
In this community 60 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Henry August Erich Mueller
3. (b) If veteran, name war No 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 Bertha Mueller 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased November 5 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 1 27 hr. min.

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

10. Usual occupation Retired Factory Supt.

11. Industry or business Door & Sash Co.

12. Name Fred Mueller

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

14. Maiden name Johana Zank

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

16. (a) Informant Emilie Radke (Daughter)

(b) Address 826 So. 19th. St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1-5-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter McIn...
(b) Address 13th. & Faraon St., St. Joseph, Mo.

19. (a) 1-5-43 (b) Rae Hlegog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 11
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 826 So. 19th. Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd.
year 1943 hour 6:15 minute P. M.
21. I hereby certify that I attended the deceased from Dec 19-
1942 to Jan 2 1943
that I last saw him alive on Jan 2 1943
and that death occurred on the day and hour stated above.

Immediate cause of death Chronic Myocardial Insufficiency unknown

Due to Chronic Hypertension

Due to Arteriosclerosis General

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

Major findings: ✓
Of operations ✓
Of autopsy ✓

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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Walter McIn... (M. D. or other) MD
Address North 3rd St. St. Joseph Date signed 1/4/43

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 Geo. E. Daniel

Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

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.