

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

Registration District No. **318** Primary Registration District No. **1003**

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:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3803 Westminister**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Otto E. Mueller**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **493-10-8430**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **6**
year **1943** hour **7.15** minute **P.** M.

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **March 19 1886**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19..... to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days
57 **3** **23**
If less than one day hr. min.

Immediate cause of death.....
Meningococcus Meningitis.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Garage maintainance**
11. Industry or business **Public Service Co.**

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

MOTHER FATHER
12. Name **Ernst F. Mueller**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Ranft**
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 **Mildred Langdon**
(b) Address **3023a Pennsylvania**
17. (a) **Cremation** (b) Date thereof **7/12/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Missouri Crematory**
18. (a) Signature of funeral director **W. Schumacher**
(b) Address **3013 Meramec**
19. (a) **J. F. Brudeck** (b) **J. F. Brudeck**
(Date received from registrar) (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?
While at work..... (Specify type of place)
Signature **Alfred Perry** (M. D. or other)
Address **.....** Date signed **7/12/43**

Embalmer separate cert. to be filed

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 *Chas. E. ...*, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.