S. No. 2
M—5-42
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26139

FILED AUG 8 1943

Registration District No. 317 — Primary Registration District No. 6076 — Registrar's No. 1774

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

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Robertson, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis Lambert Field 3
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis. 0

(c) City or town 0
(If outside city or town limits, write "RURAL")

(d) Street No. 9003 Windom Avenue.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Henry L. Mueller.

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

3. (c) Social Security No. 488-09-3943

4. Sex Male

5. Color or race 0 White

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

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

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept. (Month) 29 (Day) 1893 (Year)

8. AGE: 49 Years 49 Months 100 Days 3 3. If less than one day ..... hr. ..... min.

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

10. Usual occupation Judge of County Court.

11. Industry or business .....

FATHER
12. Name Joseph Mueller
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Gertrude Heil
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs Hazel Mueller.

(b) Address 9003 Windom Avenue.

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

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966 Easton Ave. St. Louis, Mo

19. (a) AUG 3 1943 (Date received local registrar) (b) C. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1 year 1943 hour 4 minute P M.

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

Immediate cause of death In the crash of a glider.

Due to Body completely mutilated.

Due to .....

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

Major findings:
Of operations 173-6
Of autopsy No. 34

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) Accident 096

(b) Date of occurrence August 1, 1943

(c) Where did injury occur? Lambert Field (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Louis H Bopp Coroner (M. D. or other)

Address Kirkwood, Mo. 8-2-43 Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1947

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 3454

Ben Hoffman, Registered Apprentice No. 346

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton St

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.