

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

LEU SEP 11 1943

Registration District No. 42

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Edward John 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 married

6. (b) Name of husband or wife Mildred Mueller 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased January 18 1885
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Butcher Grocery

11. Industry or business John G. Mueller

12. Name John G. Mueller 13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Hofer 15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Mueller
(b) Address R.R. #1, 39th. &, Faraon, St. Joseph

17. (a) Burial (b) Date thereof 8/30/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St. St. Joseph, Mo.

19. (a) 8/31/43 (b) Rose Helzig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 39th Faraon St. Road, R.R. #1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th.
year 1943 hour 10:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug. 1, 1943
19. _____ to Aug. 27 19. 43

that I last saw him alive on Aug. 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus Duration 10 min

Due to Surgical operation, Gastroenterology.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 117a

Major findings: Of operations Penetrating duodenal ulcer
Of autopsy _____

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 W. M. Lischner (M. D. or other)
Address 731 Faraon St. St. Joseph, Mo. Date signed 8-28-43

2-3331

576) 02 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Albert P. Harrington*

Licensed Embalmer No..... **3258 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.