

S. No. 2
DOM-2-43
5-17-39
X35587

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

293650

State File No.

FILED SEP 11 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2019

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural, Meramec Twpsh.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None, Allenton Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
years, months or days) 8 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96

(c) City or town Rural, Meramec Twpsh. 2
(If outside city or town limits, write "RURAL")

(d) Street No. Allenton Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Bill Herman Mueller,

3. (b) If veteran, name war nojs

3. (c) Social Security No. none

4. Sex male

5. Color of face white

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

6. (b) Name of husband or wife Marie Brewer Mueller,

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: Oct. 22, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	4	11	hr. min.

9. Birthplace Czecho Slovakia, 6
(City, town, or county) (State or foreign country)

10. Usual occupation Retired chauffeur

11. Industry or business Private families.

MOTHER FATHER

12. Name Andreas Mueller,

13. Birthplace Czecho Slovakia 6
(City, town, or county) (State or foreign country)

14. Maiden name Antonia Heimrich,

15. Birthplace Czecho Slovakia, 6
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Mueller,

(b) Address Pacific, Mo. R #3.

17. (a) Burial (b) Date there Sept. 5, 43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Balwin, Mo.

19. (a) SEP 8 - 1943 (b) E. S. McSarran
(Date received local registrar) (Registrar's signature) 2-5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3
year 1943 hour 5:00 minute P. M.

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.

Immediate cause of death Hung self in attic of own home. Duration

Due to Strangulation.

Due to _____

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

Major findings:
Of operations _____

Of autopsy No. 1696

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) Suicide.

(b) Date of occurrence Sept. 3, 1943

(c) Where did injury occur? Meramec Twp.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Own home

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

23. Signature Louis H B off (M. D. or other)

Address Kirkwood, Mo. 9-4-43 Date signed _____

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

707

OCT 22 1946

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.....

Theo. Schreder

Licensed Embalmer No. 3066

P. O. Address.....

Bellvue, Mo.

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.