

FILED DEC 29 1943
Registration District No. **823**

Primary Registration District No. **1003**

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

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:
2930a Harper St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community **50 Yrs**
years, months or days

3. (a) PRINT FULL NAME **Joseph P. Mueher**

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 **Minnie Mueher**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **October 28, 1876.**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	1	10	_____ hr. _____ min.

9. Birthplace **Alsace Lorraine** **8**
(City, town, or county) (State or foreign country)

10. Usual occupation **Perfume Blender**

11. Industry or business **Self**

MOTHER FATHER {

12. Name **Unknown**

13. Birthplace _____ **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace _____ **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Mueher**

(b) Address **2930a Harper St.**

17. (a) **Burial** (b) Date thereof **Dec. 11, 1943.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Bethlehem Cemetery**

18. (a) Signature of funeral director **Calvin F. Feutz Funeral Home**
(Specify type of place)

(b) Address **4828 Natural Bridge Blvd.**

19. (a) **DEC 11 1943** (b) **J. B. Beck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000 17 910**

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **2930a Harper St.**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **8th**
year **1943** hour **11** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 6 1943** to **Dec 8 1943**
that I last saw him alive on **Dec 8 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis**

Due to **Outward causes**

Due to **Respiratory Distress**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration **12-6-42**

12-6-42

12-6-41

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? _____

23. Signature **J. B. Beck** (M. D. or other) _____
Address **380 1/2 N. Grand** Date signed **12-11-43**

3804 N. Grand
St. Louis, Mo.
370983

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 John M. Mena
Licensed Embalmer No. 4186
P. O. Address St. Louis, 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.