

FILED DEC 27 1943

Registration District No. 3949

Primary Registration District No. 3069

Registrar's No. 2821

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7529a Wise Ave
(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 Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 7529a Wise Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Mueller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Charles Mueller
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 11th, 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 9 5 _____ hr. _____ min.

9. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At. Home

11. Industry or business _____
12. Name Nicholas Keim
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Walter
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Mueller
(b) Address 7529a Wise Ave

17. (a) Burial (b) Date thereof 12/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) DEC 20 1943 (b) E. J. Mc Davan, M.D.
(Date received of final death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th,
year 1943 hour 1:00 minute 0 P. M.
21. I hereby certify that I attended the deceased from 10/20, 1943, to 11/27, 1943
that I last saw h. a alive on 11/27
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Ch. Myocarditis
Arterio Sclerosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
1 year
1 year
PHYSICIAN
Underline the cause to which death should be charged statistically.
P. J. [Signature]

Major findings:
Of operations _____
Of autopsy _____

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 Thompson [Signature] (M. D. or other)
Address 4517 Clark St Date signed 11/18/43

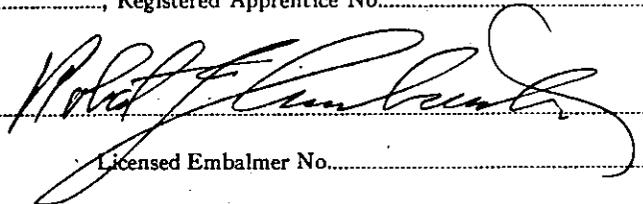
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

76
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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.....



.....
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.