

No. 2
-5-43
-17-39
X36672

FILED JAN 12 1944 318

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County Luster

(b) City or town Luster Louis hospital
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 10030 Gravois Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles H. Mueller

3. (b) If veteran, name war

3. (c) Social Security No. 498-03-6990

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd
year 1944 hour 9:40 minute P. M.

4. Sex Male

5. Color or face White

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

6. (b) Name of husband or wife Gerda Schaumberg Mueller

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 27 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 29 1943 to Jan 3 1944
that I last saw him alive on Jan 3 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>5</u>	<u>6</u>	hr. min.

Immediate cause of death Cholelithiasis
Diabetes Mellitus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Gall bladder filled with stones

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Meat Cutter

11. Industry or business

12. Name Martin Mueller

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

14. Maiden name unknown

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

16. (a) Informant Mrs Gerda Mueller

(b) Address 10030 Gravois Rd.

17. (a) Burial (b) Date thereof Jan 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

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

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) JAN 5 1944 (b) J. F. Bredbeck
(Date received local registrar's certificate) (Registrar's signature)

23. Signature V. W. Wagnerbach (M. D. or other)

Address 4738 Gravois Rd Date signed 1/5/44

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

007

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.....

V E Morris

Licensed Embalmer No. *3360*

P. O. Address.....

St Louis

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.