S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

Registration District No. 18

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9293

Primary Registration District No. 1003

Registrar's No. 2423

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: Christian Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17
(c) City or town St louis 910
(If outside city or town limits, write "RURAL")
(d) Street No. 4330 Farlin Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Mueller
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 28 Th (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
75 ------	10--	14-	hr. min.

9. Birthplace St louis (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name John J. Adams
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)
MOTHER 14. Maiden name Stepani Ipser
15. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)
16. (a) Informant Edward Mueller
(b) Address 4330 Farlin Ave 1944
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15 Th (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Edward Kerl
(b) Address 3516 N 14 Th 1944
19. (a) MAR 13 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1944 hour 10:00 minute A M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture at femur
Atherosclerosis, full of step
at 2209 Hebert st while
Due to walking, Feb 27 1944
about 4:00 pm
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident 000
(b) Date of occurrence Feb 27 1944
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? No Means of injury Fall
23. Signature Alfred Germ (M. D. or other)
Address Date signed 3/13/44

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd.

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.