

FILED JUN 24 1944

State File No. \_\_\_\_\_

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1332

1. PLACE OF DEATH:

(a) County Manchester  
(b) City or town Saint Louis, Co. Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Manchester Nursing Home.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
4 (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
(c) City or town Saint Louis,  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 3848 Fillmore St. 9  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John M. Mueller.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Mueller 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased December 28th, 1877  
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 16 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Saint Louis, Missouri. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Max Mueller

13. Birthplace Saint Louis, Missouri. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Mueller

(b) Address 3848 Fillmore Street.

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

(c) Place: burial or cremation Old S.S. Peter & Paul Cha.

18. (c) Signature of funeral director. Ziegler Bros.

(b) Address 6409 Gravois Ave.

19. (a) JUN 21 1944 (b) E. J. McDevran, M.D.  
(Date received local registrar) (Registrar's signature)

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 A. J. Marlin 0 (M. D. or other)  
Address 3507 Poloma Date signed 6-15-44

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1944 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from May 14  
1944 to June 14 1944

that I last saw him alive on June 13 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial + Chronic myeloid

Due to \_\_\_\_\_

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.

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

JUN 27 1949

*Handwritten signature*

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.**

Ziegenhein Bros. L. & U. Co.

Undertaking Co.

Address 6409 Gravois Ave.

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed following described corpse:

Full name John M. Mueller Race White

Place and date of death Manchester Nursing Home June 14th, 1944.

Physician (or Coroner) signing Certificate Dr. A. L. Merklin

Place and date of Embalming 6409 Gravois Ave. June 14th, 1944.

Remarks

Signed Howard P. Pawland Missouri License No. 3114