

FILED OCT 7 1944
Registration District No. 394

Primary Registration District No. 3063

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

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town Rural Route 2 Box 595 (Clayton)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9 1/2 months above
(If not in hospital or institution, write address number or location)

(d) Length of stay: In hospital or institution 1
In this community 9 1/2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Clayton Mo. RR #2 Box 595
(If outside city or town limits, write "RURAL")

(d) Street No. Clayton Mo. RR #2 Box 595
(If rural, give location)

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

3. (a) PRINT FULL NAME MARTHA T. MUELLER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 5. Color or race W

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 Mar 31 1882
(Month) (Day) (Year)

20. DATE OF DEATH, Month Sept day 28 year 1944 hour 2:00 minute — P. M.

21. I hereby certify that I attended the deceased from Dec 21 1943 to Sept 28 1944 that I last saw her alive on Sept 28 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Basilar paralysis Duration 1 yr.

8. AGE: Years 62 Months 5 Days 27 If less than one day — hr. — min.

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

Due to 82:1

Due to —

Other conditions (Include pregnancy within 3 months of death) —

10. Usual occupation Chiropractor

11. Industry or business Own business

12. Name Erich E. Mueller 4

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

14. Maiden name Adina Bergh

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

16. (a) Informant G. H. Gerry Mueller
(b) Address Clayton Mo. RR #2 Box 595

17. (a) Burial (b) Date thereof Oct. 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Immanuel Luth. Sem.

18. (a) Signature of funeral director Daumann Bros. Inc.
(b) Address 2504 Woodson Pl. Overland Mo.

19. (a) OCT 2 1944 (b) E. S. McCarver M.D.
(Date received local registers) (Registrar's 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 Chas. Rosenthal M. D. (other)
Address 7750 Olive St. Road Date signed 9/28/44

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 *W. G. Peterson*.....

Licensed Embalmer No. *# 3767*.....

P. O. Address *Overland 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.