

FILED OCT 23 1944

State File No. ....

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8667**

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

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:  
**3632 HICKORY**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County.....  
(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3632 HICKORY ST.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **MARY MULLER**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **LOUIS MULLER** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **NOV. 15 1884**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **10** Days **25** If less than one day hr. min.

9. Birthplace **MO. 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWORK**

11. Industry or business **OWN**

12. Name **PATRICK COBY**

13. Birthplace **IRELAND 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARY ANN McALMAN**

15. Birthplace **OHIO 1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. Louis Muller**  
(b) Address **3632 Hickory St.**

17. (a) **BURIAL** (b) Date thereof **Oct. 13/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEM.**

18. (c) Signature of funeral director **E. J. Schurer**  
(b) Address **3125 Lafayette Ave**  
19. (a) **OCT 12 1944** (b) **J. F. Bredbeck**  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **12**  
year **1944** hour **11** minute **15** p.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.....

*Chronic Myocarditis  
Chronic Interstitial Nephritis*

Due to **13/44**

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

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) (b) Means of injury.....

23. Signature **Alfred J. Perry** (M., D., or other).....  
Address **125 Lafayette Ave** Date signed **10/12/44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 John Petter  
Licensed Embalmer No. 38801  
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.**