

38841

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED DEC 12 1944

Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 2424

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Kirkwood, (22) Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
555 N. Harrison Ave  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT Johanna Mueller  
FULL NAME

3. (b) If veteran, name war none  
3. (c) Social Security No. none

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

6. (b) Name of husband or wife F. Otto Mueller  
6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 19 1864  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Las Behmen X E. Prussia  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

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

12. Name Frederick Neumann

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. J. Hart

(b) Address 555 N. Harrison Kirkwood, Mo

17. (a) Burial (b) Date thereof 11/25/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Hill Cemetery

18. (a) Signature of funeral director Mittelberg Fun. Home

(b) Address Webster Groves & Kirkwood, Mo

19. (a) NOV 27 1944 (b) E. J. McClauran  
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County (10)  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 7  
(d) Street No. 1920 So. Seventh St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26  
year 1944 hour 6.30 minute A M.

21. I hereby certify that I attended the deceased from August 6, 1944, to November 22, 1944, that I last saw her alive on November 15, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac dilatation Duration 1 Day

Due to Carcinoma of bladder 6 mo

Due to 52 Is

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: As above

Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
(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 0

23. Signature E. J. McClauran M.D. or other md  
Address Kirkwood, Mo Date signed 11/25/44

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

76  
4  
3

DEC 18 1944

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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 M. Meyer*

Licensed Embalmer No. *3285*

P. O. Address *Turkwood (22) 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.**