. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1945 318

Registration District No.

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39653

Primary Registration District No. 1003

Registrar's No. 11941

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Luthern Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade
(c) City or town Owensville, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. N.R.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Na Varra Marie Mueller

3. (b) If veteran, name war no

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 Dec. (Month) 22 (Day) 1944 (Year)

8. AGE: Years | Months | Days | If less than one day 12 hr. 17 min.

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

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Lee Charles Mueller
13. Birthplace Stony Hill (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Laura L. Smidt
15. Birthplace Gasconade Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Lee C. Mueller
(b) Address Owensville, Mo

17. (a) Burial & Removal (Burial, cremation, or removal) (b) Date thereof 12-23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Stony Hill, Mo

18. (a) Signature of funeral director Zappmeyer Murray
(b) Address Owensville, Mo

19. (a) DEC 26 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1944 hour 3 minute 40 p.M.

21. I hereby certify that I attended the deceased from 12-22, 1944 to 12-22, 1944 that I last saw he alive on 12-22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature Birth - Imos.	12 hrs.
Due to	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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

23. Signature Paul A. Brenner (M. D. or other) MD
Address Owensville, Mo. Date signed 12-23-44

(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 Not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Robert M Murray

Licensed Embalmer No. 3749

P. O. Address Owensville, 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.