S. No. 2
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v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 18192

FILED JUN 11 1945

Registration District No. 347

Primary Registration District No. 6076

Registrar's No. 1262

**1. PLACE OF DEATH:** St.Louis Co.

(a) County Jennings Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 8524 Octavia Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 10 year years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St.Louis 96

(c) City or town Jennings Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 8524 Octavia Ave. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

**3. (a) PRINT FULL NAME** Sadie Mueller

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 Widdowed

6. (b) Name of husband or wife Richard Mueller

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased April (Month) 30 (Day) 1879 (Year)

8. AGE: Years 66 Months Days 23 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Grocery Clerk

11. Industry or business

FATHER
12. Name Harry Green
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Sawyer
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Carrie G. Scott

(b) Address 8524 Ovtavia Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May (Month) 25 (Day) 1945 (Year)

(c) Place: Burial or cremation Oak Grove Chapel Memorys

18. (a) Signature of funeral director Diedrich F. Homa

(b) Address 8319 Halls Ferry Rd.

19. (a) JUN 2 1945 (Date received local registrar) (b) E. G. McGovern (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 23 year 1945 hour 6. 15 minute A. 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.

| | Duration |
|---|---|
| Immediate cause of death Strangulation by Ligature | |
| Due to Suicide 164a | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: 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) Suicide

(b) Date of occurrence May 23rd, 1945

(c) Where did injury occur? St.Louis County, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Basement of Home (Specify type of place)

While at work? (e) Means of injury

23. Signature Arnold J. Willmann Coroner (M.D. or other)

Address Clayton, Mo Date signed 5-25-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Arthur P. Diedrich

Licensed Embalmer No. 3556

P. O. Address St. Louis

**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.**