

FRED JUL 11 1945
 Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
614 Bayless
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 47 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Lemay 91
(If outside city or town limits, write "RURAL")
 (d) Street No. 614 Bayless
(If rural, give location)
 (e) Citizen of foreign country? No 12 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Walter F. Mueller

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

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

6. (b) Name of husband or wife Anna Jutzi 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased October 27, 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 8 8 hr. min.

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

10. Usual occupation Garage Foreman

11. Industry or business _____

12. Name Fred Mueller

13. Birthplace St. Louis County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anne Mueller

15. Birthplace St. Louis County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Mueller

(b) Address 614 Bayless Avenue

17. (a) Burial (b) Date thereof July 7, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Luth. Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.

(b) Address 1936 St. Louis Ave.

19. (a) 8-6-45 (b) E. H. Mc...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
 year 1945 hour 2 minute 12 A.M.

21. I hereby certify that I attended the deceased from November 6, 1944 to July 5, 1945
 that I last saw him alive on July 5, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Due to 94a

Other conditions Myocardial Insufficiency
(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)
 (c) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address 7702 Quincy Date signed 7/5/45

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

SEP 27 1945

JUL 29 1945

MAR 4 1946

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.