S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1945

State File No. 29280

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8051

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:
Lutheran Hosp 0
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St. Louis 17 13
(If outside city or town limits, write "RURAL")

(d) Street No. 4977 Odell Ave 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Christian G Mueller

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Angeline

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July (Month) 10 (Day) 1886 (Year)

8. AGE: Years 59 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation Mail Carrier

11. Industry or business United State Mail

FATHER
12. Name Christian Mueller
13. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Theresa Gramlich
15. Birthplace Switzerland (City, town, or county) 5 (State or foreign country)

16. (a) Informant Angeline Mueller

(b) Address 4977 Odell Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 17 (Day) 45 (Year)

(c) Place: burial or cremation Old St. Peter Paul

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) SEP 15 1945 (Date received local registrar) (b) J. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1945 hour 10.30 PM minute M.

21. I hereby certify that I attended the deceased from Aug. 14, 1945, to Sep't. 13, 1945; that I last saw him alive on Sep't. 13, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis Chronic	
Due to Peritonitis secondary to Intestinal Obstruction due to tuberculous Enteritis	?
Due to Pulmonary Tuberculosis	?
Other conditions (Include pregnancy within 3 months of death) 13	

Major findings: Of operations Intestinal Obstruction with Tuberculous Enteritis

Of autopsy Peritonitis & Tuberculous Enteritis & Pulmonary Tuberculosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. Lewis Hutton (M. D. or other) M.D.

Address 3606 Gravois Date signed 9/14/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Hutton

3606 Sharon

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 Elwin D. Mc Dermott

Licensed Embalmer No. 3624

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.