

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. **8731**
Registrar's No. **113**

Registration District No. **53** Primary Registration District No. **3010**

1. PLACE OF DEATH:
(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau Mo.**
(c) Name of hospital or institution: **South East Mo. Hospital**
(d) Length of stay: In hospital or institution **3 days**
In this community **3 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Perry 79**
(c) City or town **Rural**
(d) Street No. **Arbena**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Eugene Mueller**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**
4. Sex **Male** 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 **July 4 1943**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **19** year **1946** hour **5** minute **15 A** M.
21. I hereby certify that I attended the deceased from **11 PM**, 19**46**, to **February 19, 1946**, that I last saw him alive on **February 18, 1946**, and that death occurred on the date and hour stated above.

8. AGE: 2 Years 7 Months 15 Days If less than one day hr. min.
9. Birthplace **Perry Co. Missouri**

Immediate cause of death **Lobar Pneumonia**
Due to _____
Due to _____
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation **Chief**
11. Industry or business _____
12. Name **Joseph F. Mueller**
13. Birthplace **Perry Co. Missouri**
14. Maiden name **Elise Schlichting**
15. Birthplace **Perry Co. Missouri**
16. (a) Informant **Joseph F. Mueller**
(b) Address **Frohna Mo.**
17. (a) **Burial** (b) Date thereof **2-21-1946**
(c) Place: burial or cremation **Frohna Mo.**
18. (a) Signature of funeral director **Yayma & Sons**
(b) Address **Perryville Mo.**
19. (a) **4-4-46** (b) **C. C. Summers**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature **Theodore Fischer** (M. D. or other) **MD**
Address **Allenburg Mo** Date signed **4-4-46**

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

6662

RECEIVED

District Health Officer No. 4
District File Number 4-46-1901
Date Filed 4-5-46

APR 9 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 Wallace Young
Licensed Embalmer No. 4027
P. O. Address Perryville, 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.