7. S. No. 2
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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

State File No. 11476

FILED MAR 18 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2068

1. PLACE OF DEATH:
(a) County (St. Louis Missouri
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4229a Cleveland ave
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4229a Cleveland ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fred A Mueller
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Agnes
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Sept (Month) 25 (Day) 1882 (Year)
8. AGE: Years 63 Months 5 Days 6 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) (State or foreign country)
10. Usual occupation Wood Worker Fox Bros
11. Industry or business
MOTHER FATHER
12. Name Frank Mueller
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Rinkle
15. Birthplace St. LOuis (City, town, or county) (State or foreign country)
16. (a) Informant Agnes Mueller
(b) Address 4229a Cleveland ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 4 1946 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus
18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Mermac st
19. (a) MAR 2 1946 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day I year 1946 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from January 13 1946 to February 28 1946; that I last saw him alive on Feb. 28 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Endocarditis
Due to Chronic Pericarditis
Due to Chronic Bronchitis
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)
(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 Henry G. Pieper M.D. (M. D. or other)
Address 4186 W. Grand Blvd Date signed 3/1/46

(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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis 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.