

FILED MAY 9 1946

Registration District No. 163

Primary Registration District No. 2031

Registrar's No. 23

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

1. PLACE OF DEATH:
 (a) County Jefferson
 (b) City or town Desoto
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
310 Boyd St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jefferson 50
 (c) City or town Desoto 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 310 Boyd 2
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME ELISE MOELLER
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month April day 7
 year 1946 hour 4 minute — a.m.
 21. I hereby certify that I attended the deceased from
6 apr., 1946, to 7 apr., 1946
 that I last saw her alive on 7 apr., 1946;
 and that death occurred on the date and hour stated above.

4. Sex F / race W
 5. Color or divorced SINGLE
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 5 1855
(Month) (Day) (Year)

Immediate cause of death
Coronary thrombosis 1 day.
 Due to Generalized & coronary sclerosis years.

8. AGE:
 Years 90 Months 7 Days 2
 If less than one day _____ hr. _____ min.
 9. Birthplace Fredericks Germany
(City, town, or county) (State or foreign country)

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation at home
11. Industry or business _____
MOTHER FATHER
 12. Name Anton Mueller
 13. Birthplace (Fredericks) Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Augusta Schly
 15. Birthplace Wheeler Germany
(City, town, or county) (State or foreign country)

Major findings:
 Of operations apex
 Of autopsy _____
PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant A. G. Korte
 (b) Address Desoto Mo.
 17. (a) Burial (b) Date thereof Apr 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City Cemetery Desoto Mo
 18. (a) Signature of funeral director W. Russell B. Bickel
 (b) Address Desoto Mo.
 19. (a) 5/5/46 (b) Marie Garcia
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury W
 23. Signature Paul V. J. J. J. J. (M. D. or other) M. D.
 Address Desoto, Mo. Date signed Apr 46

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-8-46

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 Donald B. Smith

Licensed Embalmer No. 4104

P. O. Address Seattle, Wa

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.