

S. No. 2
OM-5-43
v. 5-17-39
I X36671

15042

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 24 1946
318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3515

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
De Faul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁹⁶

(c) City or town Carsonville
(If outside city or town limits, write "RURAL")

(d) Street No. 3125 Ellsworth Place ^{NR 0 1}
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Henry J. Mueller

3. (b) If veteran, name war No

3. (c) Social Security No. 489-09-4630

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma I. Mueller

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

7. Birth date of deceased September 14, 1882.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1946 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from 3/31/46
19... to 4/13/46 19...;

that I last saw h. alive on 4/13/46 19...
and that death occurred on the date and hour stated above.

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

63 6 29 hr. min.

Immediate cause of death Ulcers
gastro ulce
duodenal
perforation ^{2 day}

Due to.....

Due to..... 117

Other conditions.....
(Include pregnancy within 3 months of death)

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

10. Usual occupation Fireman

11. Industry or business Brewery

12. Name: John Mueller

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma I. Mueller

(b) Address 3125 Ellsworth Place

17. (a) Burial (b) Date thereof Apr. 17, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) APR 16 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

Major findings: Ulcers as above

Of operations.....

Of autopsy Not done.

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)

(e) Means of injury 0

23. Signature J. F. Bredeek (M.D. or other).....

Address 63 E. D. Paul Date signed 4/15/46

Kearney
Je. - 8038.
239 P.M.
916 Missouri Hunter Bldg.

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 John A. Miller
Licensed Embalmer No. 4186
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.