

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUL 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. 19935

Registration District No. 113 Primary Registration District No. 4185 Registrar's No.

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town St. Clair
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 35 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town St. Clair mo
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Waldemar Muller
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Male 5. Color or White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 1
year 1946 hour minute M.
21. I hereby certify that I attended the deceased from
that I last saw h. alive on
and that death occurred on the date and hour stated above.

7. Birth date of deceased 10 10 1879
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
66 5 20 hr. min.

Immediate cause of death Ch. Myocardial
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Labr
11. Industry or business
12. Name Earnest Muller
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Alvina Sheryn
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Arno Muller
(b) Address St. Clair
17. (a) Burial (b) Date thereof 6 3 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Clair mo
18. (a) Signature of funeral director Casy Leno
(b) Address St. Clair mo
19. (a) 6-1-1946 (b) C. H. Washington
(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?
While at work? (Specify type of place)
(e) Means of injury
23. Signature [Signature] (M. D. or other)
Address Date signed 6/1/46

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

6
3
3

Duration
? /
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-11-46

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 J. M. Levert

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.