

State File No. \_\_\_\_\_  
 Registrar's No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
 (a) County **St. Louis**  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Anthony Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2 weeks**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **St. Louis**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3533a Wyoming Street**  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Verena Mueller**  
**3. (b) If veteran,** name war **None** **3. (c) Social Security No.** **None**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **July** day **1**  
 year **1946** hour **9** minute **40** P.M.

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married,** **2 divorced Widowed**  
**6. (b) Name of husband or wife** **Vinzenz Mueller**  
**6. (c) Age of husband or wife if** **deceased** years  
**7. Birth date of deceased:** **October 26, 1863**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **April 1, 1946, to July 1, 1946**  
**that I last saw her alive on** **July** **1946**  
**and that death occurred on the date and hour stated above.**  
**Immediate cause of death:** **Carcinoma of stomach**  
Duration

8. AGE:	Years	Months	Days	If less than one day
	<b>82</b>	<b>8</b>	<b>5</b>	hr. min.

**Due to:** **Chronic myocarditis** **6 mo.**

**9. Birthplace:** **Baden Germany**  
(City, town, or county) (State or foreign country)

**Other conditions:** **Chronic myocarditis** **6 mo.**  
(Include pregnancy within 3 months of death)

**10. Usual occupation:** **Housework**

**Major findings:** **Inoperable carcinoma with metastases**  
Of operations

**11. Industry or business:** **At home**

**Of autopsy:** \_\_\_\_\_

**12. Name:** **Martin Straub**

**PHYSICIAN** \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**14. Maiden name:** **Maria Blessing**

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

**16. (a) Informant:** **Miss Ottilia Mueller**

**22. If death was due to external causes, fill in the following:**

**(b) Address:** **3533a Wyoming Street**

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ **no**  
 (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?

**17. (a) Burial (Burial, cremation, or removal)** **Old S. S. Peter & Paul Cem.**  
(Month) (Day) (Year)

**18. (a) Signature of funeral director:** **Wm. J. Robert L. & U. Co.**  
**(b) Address:** **1905 So. Grand Blvd.**

**23. Signature:** **W. A. Schneider** (M.D. or other) **md.**  
(Specify type of place) (e) Means of injury

**19. (a) Date received by Registrar:** **JUL 2 1946**  
**(b) Registrar's signature:** **J. F. Bradeck**

**Address:** **3318 S. Grand** **Date signed:** **7-2-46**

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

24402

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**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 Ketter*  
.....  
Licensed Embalmer No. 3880  
.....  
P. O. Address.....

**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.**