

No. 2  
-12-45  
5-17-39  
X47070

**FILED** **SEP 11 1946**  
Registration District No. **518**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County.....

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

(c) Name of hospital or institution:  
St. Johns Hospital  
(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)

**3. (a) PRINT FULL NAME** Peter J. Mueth

**3. (b) If veteran,** name war None

**3. (c) Social Security No.** None

**4. Sex** Male **5. Color or race** White

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

**6. (b) Name of husband or wife** Marie **6. (c) Age of husband or wife if alive** 69 years

**7. Birth date of deceased** July 26 1871  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>75</u>	<u>2</u>	<u>11</u>	hr. _____ min.

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

**10. Usual occupation** Plasterer (Retired 18 Yrs.)

**11. Industry or business**.....

MOTHER FATHER

**12. Name** Joseph Mueth

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

**14. Maiden name** Elizabeth Kunkel

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

**16. (a) Informant** Edwin Mueth

**(b) Address** 5028 Milentz Ave.

**17. (a) Burial** (b) Date thereof 10 10 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Old SS Peter & Paul Cem.

**18. (a) Signature of funeral director** Kriegshauser Und. Co.

**(b) Address** 4228 So. Kingshighway Bl.

**19. (a) OCT 9 1946** (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO. (b) County.....

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5028 Milentz Ave.  
(If rural, give location)

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

If yes, name country.....

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Oct. day 7th  
year 1946 hour 6:10 minute..... P.M.

**21. I hereby certify that I attended the deceased from** Sept 29, 1946, to Oct 7, 1946;  
that I last saw him alive on Oct 7, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Pneumonia Hypostatic

Due to 1860

Due to.....

Other conditions.....  
Fracture left femur

(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration  
7 Days

**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) Accident

(b) Date of occurrence Sept 29 1946

(c) Where did injury occur? St Louis  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home

While at work?..... (Specify type of place)

Means of injury Fall

**23. Signature** Alto J. Lieb (M. D. or other) MD

Address 3608 8 Grand Date signed 10/9/46

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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 *Richard W. Storesand*

Licensed Embalmer No. *4007*

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.**