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P I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11829
Registrar's No. 733

Registration District No. _____ Primary Registration District No. 3069

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

1. PLACE OF DEATH:
(a) County 317 St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: St. Marys Hospital
(d) Length of stay: In hospital or institution 12 days
In this community 12 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Valley Park
(d) Street No. 702- West
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Mary Katherine Mueller,
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Paul W. Mueller
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased March 27 1947

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 27 year 1947 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from near 16, 1947 to near 27, 1947
that I last saw her alive on near 27, 1947 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 11 10 hr. min.

Immediate cause of death Lobar pneumonia Duration 3 days
Due to Acute myocardial infarction 2 hrs.
Due to Asthma 10
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace: Germany
10. Usual occupation House wife
11. Industry or business At home
12. Name John Esser
13. Birthplace Germany
14. Maiden name Katherine Wick
15. Birthplace Germany

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Paul W. Mueller
(b) Address Valley Park Mo.
17. (a) Burial (b) Date thereof Mar. 31 - 1947
(c) Place: burial or cremation Sacred Heart Cemetery
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin Mo.
19. (a) 4-1-47 (b) Paul E. Shapiro

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
(c) Means of injury None
23. Signature Rev. J. Kelly (M. D. or other) MD
Address 8105 page Date signed 3-29-47

APR 21 1947
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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 Geo. Schrader

Licensed Embalmer No. 3066

P. O. Address Dallwin, 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.