

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

Registration District No. 318 Primary Registration District No. _____ Registrar's No. _____

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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 2-17

(d) Street No. 5248 Nagel
(If rural, give location) 9

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Tekla Mueller Carl

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Rheinhold 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 11 1856
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>90</u>	<u>7</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Sprenger

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Not Known 4
(City, town, or county) (State or foreign country)

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Hundhausen

(b) Address 5248 Nagel

17. (a) Burial (b) Date thereof 5/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) MAY 8 1947 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1947 hour 11:40 minute a. M.

21. I hereby certify that I attended the deceased from April 26, 1947, to May 6, 1947
that I last saw her alive on May 5, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Oxy nephritis

Due to Gall bladder acute Non-calculous

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

Major findings:
Of operations _____

Of autopsy _____

Duration Indefinite

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? _____

While at work? _____ (Specify type of place) _____
Means of injury _____

23. Signature Harry K Meyer (M. D. or other) 0
Address 4903 Delmar Date signed 5-7-47

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

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 W. G. Peterson
Licensed Embalmer No. 3767
P. O. Address 7027 Geavois

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.