

S. No. 2
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5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15463**

FILED MAY 1 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4113**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Adolph G. Mueller

3. (b) If veteran, name war..... 3. (c) Social Security No. 489-09-9778

4. Sex Male, 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julia Mueller. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased September 12, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 7 hr. min.

9. Birthplace Millstadt Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business.....

MOTHER FATHER

12. Name Fred Mueller

13. Birthplace Millstadt Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Frank

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

16. (a) Informant Frieda Mueller
(b) Address Millstadt, Ill.

17. (a) Burial (b) Date thereof April 22, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Arnold Metzger

(b) Address Millstadt, Ill.

19. (a) APR 21 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair **999**
(c) City or town Millstadt Township
(If outside city or town limits, write "RURAL") **N.R. 11**
(d) Street No..... (If rural, give location) **2**
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th,
year 1947. hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from
April 17 1947 to April 1947
that I last saw him alive on April 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Paget's Disease of Bone 8 yr.

Due to.....
Due to..... **155**

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

Major findings:
Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature G. R. Phuffer (M. D. number)
Address 1030 W. State Bldg Date signed 4-21-47

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.

Not Embalmed

Signed

Philip L Metzger

Licensed Embalmer No. 2676

P. O. Address Millstadt Ill.

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.