

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

FILED MAY 14 1947
318

Primary Registration District No. 1003

Registrar's No. 4524

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

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether)

In this community Life
(years, months or days)

3. (a) PRINT FULL NAME Ida Mueller

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 married

6. (c) Age of husband or wife if alive 74 years

6. (b) Name of husband or wife Ernst Mueller

7. Birth date of deceased Jan. 2 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>3</u>	<u>29</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Ignatz Rotty

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

14. Maiden name Emma Kumpf
(City, town, or county) (State or foreign country)

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

16. (a) Informant Malanda Neef

(b) Address 4415 Jamieson

17. (a) Burial (b) Date thereof May 3, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 7027 Gravois

19. (a) MAY 3 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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. 1746 Missouri
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-1 day 47
year _____ hour 2 19 minute _____ P.M.

21. I hereby certify that I attended the deceased from 4-7-47
_____, 19____, to 5-1-47, 19____;

that I last saw her alive on 5-1-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myo Carditis - Chr

Due to myocardial degeneration

Due to 93

Other conditions Prolapae rectum
(Include pregnancy within 3 months of death)

Major findings: Prolapae rectum

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? _____

23. Signature PB Cappel
_____, (Specify type of place) _____
While at work? _____ (e) Means of injury _____

Address 3284 S. ... Date signed 5-3-47

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 Gravois

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.