S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25852

Registrar's No. 6443

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

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: Lutheran 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Frohna 0
(If outside city or town limits, write "RURAL")

(d) Street No. NR 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME - CLARA MUELLER ~~Clara Miller~~

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Stephen ~~Miller~~ Mueller

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

7. Birth date of deceased December (Month) 14 (Day) 1873 (Year)

8. AGE: Years 73 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Frohna (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Martin Popp
13. Birthplace Frohna (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edmund ~~Miller~~ Mueller
(b) Address Frohna, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Frohna, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 7 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

Corr, by Attn Oct. 27, 1947 Halloran C. Stahl

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1947 hour 1033 minute P. M.

21. I hereby certify that I attended the deceased from 6-10-47, 19, to 7-3-47, 19; that I last saw her alive on 7-3-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Large fibroma Right ovary - Benign — Duration 3 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 56a

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Theo H. Hauser (M. D. or other) M.D.

Address 3651 Grandel Sq. Date signed 7/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1947

OCT 21 1947

MAY 12 1948

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 John S. Kennedy

Licensed Embalmer No. 4194

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.

ENCLOSED

OCT 20 1947

Affidavits containing erasures will not be accepted; draw one line through [illegible] above it.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of MISSOURI } ss.
County of PERRY }

State File No. 25852
Local Registrar's No. 8443

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears EDMUND MUELLER, who, upon HIS oath, states that the original record of ~~birth~~ death for CLARA MUELLER, died ~~born~~ JULY 3rd, 1947, in the State of Missouri, and which was filed at JEFFERSON CITY, Mo on Oct 21, 1947, should be corrected as follows:

Item No. 3 should read CLARA MUELLER
Instead of CLARA MILLER

Item No. 6(b) should read STEPHEN MUELLER
Instead of STEPHEN MILLER

Item No. 16(a) should read EDMUND MUELLER
Instead of EDMUND MILLER

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Edmund Mueller, SON
Relationship.

FROHNA, MISSOURI
Present Address.

Subscribed and sworn to before me this 24th day of October, 1947

My Commission expires May 7th 1950 Rudolph Braeuner Notary Public.

Form V. S. 135
25M-1-15-42
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