No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29642

FILED SEP 2 1947

Registration District No. Hist. 64794 318 Primary Registration District No. ..... Registrar's No. 2014

1. PLACE OF DEATH:

(a) County .....

(b) City or town St. Louis, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 (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: 1003

(a) State Missouri (b) County 000

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

(d) Street No. 5416 Devonshire Ave. (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 14

If yes, name country .....

3. (a) PRINT FULL NAME THERESA WEBB

3. (b) If veteran, name war No

3. (c) Social Security No. 497-26-1499

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife John L.

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 26th, 1899 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
48	2	26	..... hr. ..... min.

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

10. Usual occupation Home

11. Industry or business .....

FATHER
12. Name Charles Mueller
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sophia Frederick
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Clara Topping

(b) Address 5416 Devonshire, St. Louis, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/25/47 (Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul Cemetery

18. (a) Signature of funeral director Wacker-Helderle U. & L. Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) AUG 25 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 22nd year 1947 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from 8-19-47 2, 19..., to 8-22-47, 19...; that I last saw her alive on 8-22-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Chronic glomerulo nephritis

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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 Oscar F. [illegible] M.D. (M. D. or other)

Address 1515 Lafayette Date signed .....

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert C Wheeler

Licensed Embalmer No. 2178

P. O. Address St Louis 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.