

FILED OCT 4 1947

Registration District No. **318**

Primary Registration District No. **100**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri**
(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)

3. (a) PRINT FULL NAME **Mae A. Mueller**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **O. E. Mueller** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **April 25, 1892**
(Month) (Day) (Year)

8. AGE: Years **55** Months **5** Days **0** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

MOTHER FATHER

11. Industry or business.....
12. Name **Joseph Metzler** **4**

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

14. Maiden name **Rose Mayer**
15. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. O. E. Mueller**
(b) Address **6632a Michigan Ave.**

17. (a) **Burial** (b) Date thereof **9-27-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parklawn Cemetery Southern Funeral Home**

18. (a) Signature of funeral director.....
(b) Address **6322 S. Grand Blvd.**

19. (a) **SEP 26 1947** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **6632a Michigan Ave.,** **9**
(If rural, give location) **0**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **25th**
year **1947** hour **4** minute **22 a.** M.

21. I hereby certify that I attended the deceased from **Sept. 21, 1947** to **Sept. 25, 1947**
that I last saw **her** alive on **Sept. 25, 1947**
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death..... **Pulmonary Edema** **24 hrs.**

Due to..... **Generalized carcinoma** **Unknown**
Toxic

Due to..... **site not determined.**

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

Major findings:
Of operations..... **55**

Of autopsy..... **autopsy refused**

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..... **0**

23. Signature **Wm. R. Smith** (M. D. or other) **M.D.**
Address **407 W. Grand** Date signed **9/25/47**

DR. HUGH SMITH JE 4716
UNIV. CLUB BLDG
1:15 TO 4 P.M.

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 *J. Wm Dinkley*
Licensed Embalmer No. *3653*
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.