S. No. 2
M—1/47
ev. 5-17-39

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

36540

State File No. 0

FILED NOV 11 1947

Registration District No. 1

Primary Registration District No. 3069

Registrar's No. 2267

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town RICHMOND HEIGHTS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1330 McCUTCHIN AVE. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 YRS (Specify whether years, months or days)
In this community ALL HIS LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS 96
(c) City or town RICHMONDS HEIGHTS (If outside city or town limits, write "RURAL") 8
(d) Street No. 1330 McCUTCHIN AVE (If rural, give location) 3
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME FRANCIS AMBROSE MUELLER
3. (b) If veteran, name war NO
3. (c) Social Security No.

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife HELLEN MUELLER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE-24-1897 (Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 8 If less than one day — hr. — min.

9. Birthplace WEBSTER GROVES- MO (City, town, or county) (State or foreign country)
10. Usual occupation Pharmacyist
11. Industry or business DRUGGIST
FATHER
12. Name AMBROSE MUELLER 4
13. Birthplace UNKNOWN GERMANY (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name CHARLOTTE D. RODENHAUS
15. Birthplace LEVANWORTH KANSAS (City, town, or county) (State or foreign country)
16. (a) Informant J. R. CHARLES MUELLER
(b) Address 533 LOCUST CT. WEBSTER GROVES MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-6-1947 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEM.
18. (a) Signature of funeral director Parker Und Co
(b) Address WEBSTER GROVES MO
19. (a) 11-6-47 (Date received local registrar) (b) Pearl J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month nov. day 3rd year 1947 hour 10 minute 31 A.M.

21. I hereby certify that I attended the deceased from 6 A.M. Nov. 3rd 1947, to 10 30 Am 1947, that I last saw him alive on Nov. 3 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to arteriosclerosis
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy Cerebral hemorrhage

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? no injury (Specify type of place)
While at work? — (e) Means of injury —

23. Signature Wm Alexander Smith (M. D. ~~or other~~)
Address Webster Groves Date signed 11-3-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 28 1964

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 Leslie Walch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.