. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36578

FILED NOV 1 1947

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2263

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 9228 Arline Ave. (If not in hospital or institution, write street number or location)

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

In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland (If outside city or town limits, write "RURAL") 13

(d) Street No. 9228 Arline Avenue (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Mamie Elizabeth Mueller

3. (b) If veteran, name war None

3. (c) Social Security No. NONE

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Charles A.

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

7. Birth date of deceased May (Month) 3 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	6	0	hr. min.

9. Birthplace MOUNT PLEASANT Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Frank A. Bruno

13. Birthplace France (City, town, or county) (State or foreign country) 5

MOTHER

14. Maiden name Elizabeth Fortier

15. Birthplace France (City, town, or county) (State or foreign country) 5

16. (a) Informant Charles A. Mueller

(b) Address 9228-Arline Ave-Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Bauman Brothers MC

(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) 11-5-47 (Date received local registrar) (b) Cecil A. Sharp MD MSc (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3 year 1947 hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from Jan 7, 1927 to Nov. 3, 1947 that I last saw her alive on Nov. 3, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral haemorrhage	24 hrs.
Chronic myocarditis	5 yrs.
Due to Hypertension	20 yrs.
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	

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 Wm. S. Becke (M. D. ~~or other~~)

Address 3720 Washington Date signed 11/5/47

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.