S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36683

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2300

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Pine Crest Nursing Home, 4 Div. # 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Arthur Mueller

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased November 25, 1872 (Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 13 If less than one day hr. min.

9. Birthplace St. Charles Co., Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business General

FATHER
12. Name Rudolph Mueller
13. Birthplace St. Charles Co., Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Mallincrudt
15. Birthplace St. Charles Co., Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Fred Ciger

(b) Address Augusta, Mo.

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

(c) Place: burial or cremation Augusta, Mo.

18. (a) Signature of funeral director Morris Muschaney

(b) Address Wentzville, Missouri

19. (a) 11-10-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7, year 1947 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 11, 1947, to Nov 7, 1947; that I last saw him alive on Nov 7, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis senility

Chronic myocarditis. Senility

Due to 93d

Due to

Other conditions (Include pregnancy within 3 months of death)

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 0

23. Signature A. L. Merklin (M. D. or other)

Address 3507 Potomac Date signed 11-8-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) A L Merklin M D 3507 Potomac St Louis

FEB 11 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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.