No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2883

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 748

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: 2927 Allen Ave., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 2927 Allen Ave., 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 17
If yes, name country

3. (a) PRINT FULL NAME Julia M. Mueller
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank P. Mueller
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 18, 1872 (Month) (Day) (Year)

8. AGE: Years 76 | Months 9 | Days 5 | If less than one day hr. min.
9. Birthplace Missouri ( ) (City, town, or county) (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Anthony Bokern
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name Margaret Printz
15. Birthplace Unk (City, town, or county) (State or foreign country) 9
16. (a) Informant Mrs. Anita M. Sullivan
(b) Address 2927 Allen Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.,
19. (a) JAN 26 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 23rd year 1948 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1 Sept., 19 44, to 1-23-, 19 48; that I last saw her alive on 1-23, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Dissecting aneurysm aorta & rupture	30 min
Due to: Hypertension and arterio sclerosis.	40 years
Due to:	
Other conditions (Include pregnancy within 3 months of death): 20	

Major findings:
Of operations none
Of autopsy none

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) none
(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) 0
While at work? (e) Means of injury
23. Signature John J. Hammond (M. D. or other) M.D.
Address 634 N. Grand Date signed 1/24/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

DR. JOHN HAMMOND
MO THE BLDG.
1 P.M.

878

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 Brinkley

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.