

S. No. 2
I-1/47
5-17-39

FEDERAL SECURITY AGENCY

Central Office of Vital Statistics

FILED FEB 27 1948 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

5701

State File No.

Registrar's No. 15

Registration District No.

Primary Registration District No. 4404

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 53-8-14
(Specify whether years, months or days)

In this community 53-8-14
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 79

(c) City or town Altenburg Mo. 0
(If outside city or town limits, write "RURAL.") 0

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

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

If yes, name country.....

3. (a) PRINT FULL NAME Rudolph Ernst Mueller

3. (b) If veteran World War 1 name war.

3. (c) Social Security No. None

MEDICAL CERTIFICATION 15

20. DATE OF DEATH: Month February day 15
year 1948 hour 4 minute A M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Clara Mueller

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 1 1894
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 24, 1941 to February 15, 1948
that I last saw him alive on February 14, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

53 8 14 hr. min.

Immediate cause of death Chronic Myocarditis 7 years

9. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

Due to Arterial Hypertension 7 years

Due to Atherosclerosis 7 years

11. Industry or business Hardware Merchant

12. Name Martin Mueller

13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elise Brandes

15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) Chronic Nephritis

Major findings: Of operations 731B

Of autopsy.....

16. (a) Informant Clara Mueller

(b) Address Altenburg Mo.

17. (a) Burial (b) Date thereof 2-18-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altenburg Mo.

PHYSICIAN

Underline the cause of which death should be charged statistically.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 2-18-48 (b) Jos. J. Zollner
(Date received local registrar) (Registrar's signature) 250

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? (Specify type of place) Means of injury.....

23. Signature Theodore Preacher (M. D. or other) M.D.

Address Altenburg Mo. Date signed 2/17/48

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

MOTHER FATHER

MAH 19 1948

FEB 25 1949

RECEIVED

District Health Officer No. 4
District File Number 248-280
Date Filed 2-26-48

LDAM

JAN 18 1951

DEC 19 1955

MAR 9 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 Wallace Young
Licensed Embalmer No. 4027
P. O. Address Perryville Md

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.