

FILED MAY 15 1948

Registration District No. 277

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 14943

Registrar's No. 1171

WRITE PLAINLY—USE 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:
Airport & Brown Rds.
(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)

3. (a) PRINT FULL NAME Anna E. Mueller

3. (b) If veteran, name war. --- 3. (c) Social Security No. ---

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Mueller 6. (c) Age of husband or wife if alive Dec'd years
7. Birth date of deceased February, 4 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	3	3	hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

12. Name Adam Molzer

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

14. Maiden name Philomene Spies

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

16. (a) Informant Mrs. Ray Schuler

(b) Address Overland, Missouri.

17. (a) Burial (b) Date thereof 5/10/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sacred Heart Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

19. (a) 5-10-48 (b) Carla J. Schuler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. Airport & Brown Rds.
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5/1, 1948, to 5/7, 1948.
that I last saw her alive on 5/6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus.
Due to C. V. R. disease. 343
Cardio vascular renal disease

Due to ---
Other conditions 131 dx
(Include pregnancy within 3 months of death)

Major findings:
Of operations ---
Of autopsy ---

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? ---

While at work? (Specify type of place) (c) Means of injury ---
23. Signature John Ferraro M.D. (M. D. or other) ---
Address 7307 Natural Bldg Date signed 5/10/48

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Ferguson, 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.