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. 28054

FILED SEP 7 1948 318

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7466

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOHNS HOSP.
(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 ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 915 NEWPORT
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT MUELLER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JANUARY 24 1921 (Month) (Day) (Year)

8. AGE: Years 27 Months 7 Days 0 If less than one day hr. min.

9. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country)
10. Usual occupation SELLING (MAGAZINES & CARDS)
11. Industry or business

FATHER
12. Name VINCENT G. MUELLER
13. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name AGNES FISCHER
15. Birthplace ST. LOUIS, MO. (City, town, or county) (State or foreign country)

16. (a) Informant VINCENT G. MUELLER
(b) Address 915 NEWPORT AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director M. J. Boylan
(b) Address 7146 MARYLAND
19. (a) AUG 26 1948 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 24TH year 1948 hour 11 minute 30 A. M.
21. I hereby certify that I attended the deceased from 23 Aug 1948 to 24 Aug 1948
that I last saw h. alive on 24 Aug 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	
Due to Diabetic acidosis and Diabetic Coma	
Due to	
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 E. L. McCall (M. D. or other)
Address Brentwood 17 Mo. Date signed Aug 26 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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. Allen Davis Jr.....

Licensed Embalmer No.....4053.....

P. O. Address.....St. Louis.....

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.