

FILED NOV 27 1948

Registration District No. **299**

Primary Registration District No. **4469**

Registrar's No. **68**

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
 (b) City or town STE. GENEVIEVE
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE ⁹⁵
 (c) City or town STE. GENEVIEVE ¹
 (If outside city or town limits, write "RURAL") ⁰
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

MARY MUELLER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW
 6. (b) Name of husband or wife Henry Mueller 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: JAN 31 1871
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 21
 year 1948 hour 1:40 minute A. M.
 21. I hereby certify that I attended the deceased from NOV. 21
 1948, to NOV. 21 1948
 that I last saw HER alive on NOV. 21 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 1/2 hour
 Due to Arteriosclerosis ?

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: MI
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

8. AGE: Years 77 Months 9 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace: ZELL MO
 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name CHRISTIAN GRENHILGER
 13. Birthplace GERMANY
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY GRASS
 15. Birthplace ZELL MO
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs George Mueller
 (b) Address St. Genevieve Mo

17. (a) BURIAL (b) Date thereof 11-23-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ZELL MO

18. (a) Signature of funeral director Geo. C. Baker

(b) Address St. Genevieve Mo

19. (a) 11-23-48 (b) Terna M. Karl
 (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. L. Lanning (M. D. or other) _____
 Address St. Genevieve Mo Date signed 11/22/48

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

Officer No. 4
Case File Number 1148-146
Date Filed 11-26-48

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 *Geo. C. Basler*

Licensed Embalmer No. 1985

P. O. Address *St. Genevieve 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.