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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 31 1948

Registration District No. 277

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

42098

State File No.

Registrar's No. 2811

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Pine Crest Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 months  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Maplewood  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2543 Gerhard Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frederick 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 Married  
6. (b) Name of husband or wife Jessie 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased July 27, 1885  
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Gardner

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frederick Mueller  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Agusta Thornton  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earline Kelley

(b) Address 2543 Gerhard Ave.

17. (a) Burial (b) Date thereof 12-6-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Rd

19. (a) 12-4-48 (b) Thurmond L. Long  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 3  
year 1948 hour 3 minute 35 PM.

21. I hereby certify that I attended the deceased from Aug 1  
1947, to Dec 7, 1948;  
that I last saw him alive on Nov 29, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis, emboly  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to 93d

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to 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? \_\_\_\_\_

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

23. Signature A. F. Muehlin (M. D. or other) \_\_\_\_\_

Address 2507 Poloma Date signed 12-4-48

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**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..... *H. E. Burgess*

Licensed Embalmer No. *4029*

P. O. Address..... *Maplewood*

**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.**