

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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Do not use this space.

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Registered No. 11671

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. 5468 Robin Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Johanette Mull

(a) Residence, No. 5468 Robin Avenue St. 7
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Mull
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16th, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 11 3
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. 23
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 19th 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1937 to Dec 19 1937
I last saw her alive on Dec 17 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary edema
myocarditis, chronic
Date of onset 12/19/37
Other contributory causes of importance: Sensibility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 18

13. NAME (Unknown) Seel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 18

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 18

17. INFORMANT P. V. Brown
(ADDRESS) 5468 Robin Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Staunton, Ill. DATE December 22, 37

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.
(ADDRESS) 429 N. Euclid Avenue

20. FILED DEC 20 1937 J. Bredeck
Local Registrar.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify W.C. Hughes M. D.
(Signed) Ferguson, Mo
(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No. 3575

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.)