

NOV 16 1938

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

34005  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791  
 (b) Township ..... Primary Registration District No. 1008  
 (c) City St. Louis, Missouri Street No. Sanitarium St. 8991  
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frances Mueller

(a) Residence, No. 3680 Lafayette St. 17  
 (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 White 4. COLOR OR RACE Female 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Mueller  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1863  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
About 74 yrs 9 15  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Waitress  
 9. Industry or business in which work was done, as saw mill, bank, etc. Waitress  
 10. Date deceased last worked at this occupation (month and year) Aug. 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chicago, Illinois  
 (STATE OR COUNTRY)

FATHER 13. NAME Dorak Kramer  
 14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hubert P. Schur  
5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE OAK GROVE CEM. DATE Oct. 17 1938

19. FUNERAL DIRECTOR (NAME) E. J. Schur  
 (ADDRESS) 3125 Lafayettes Ave.

20. FILED OCT 15 1938 J. C. Bredeck  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-38 19...  
 22. I HEREBY CERTIFY, That I attended deceased from 10-3-38, 19... to 10-14-38, 19...  
 I last saw her alive on 10-14-38, 19... Death is said to have occurred on the date stated above, at 12:45 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis 10-3-38x Date of onset  
Gen. Arteriosclerosis  
Senility 10-3-38x

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? No

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? Y  
 If so, specify Hubert P. Schur M. D.  
 (Signed) Hubert P. Schur (Address) 5400 Arsenal St

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.

**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, .....

*Jose B. Vollmer*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Jose B. Vollmer*

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

**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, above space should be left blank.**