

REC'D APR 12 1939

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

9012
Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No..... 791
(b) Township..... 1 Primary Registration District No..... 1003
(c) City..... St. Louis, Mo. (d) Street No..... Lutheran Hospital 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 Mrs. Marie D. Mueller

(a) Residence, No. 6420 Devonshire St. 14 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Mueller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 23, 1888
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 - 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Leavenworth (STATE OR COUNTRY) Kansas 1

FATHER 13. NAME Rev. Carl Hafner 1

14. BIRTHPLACE (CITY OR TOWN) Fort Wayne, I (STATE OR COUNTRY) Indiana 9

MOTHER 15. MAIDEN NAME Lisette Sewing 9

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mr. Fred Mueller (ADDRESS) 6420 Devonshire

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer Cem. DATE March 25, 1939

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc. (ADDRESS) 1936 St. Louis Avenue

20. FILED MAR 24 1939 J. B. Brueck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1939, to March 22nd, 1939
I last saw her alive on March 22nd, 1939. Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:

cerebral thrombosis 3/22/39
Other contributory causes of importance: Hypertension

Name of operation None Date of What test confirmed diagnosis? Blood tests Was there an autopsy? Yes

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? No
If so, specify (Signed) Harry B. Bernd M. D. (Address) 36 E. Grandel Sq.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-9-100 I X16605

Dr. H. E. Lund
3651 Grant St.
10 - 12:30

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.....

Lorou Percy

Registered Apprentice No. *141*

working under my personal supervision.

Signed.....

Lund

Licensed Embalmer No. *3737*

P. O. Address *1926 St. Louis 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.