

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 13 1939

Registrar's No. 10143

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____ 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County _____ 1
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6414 Colorado Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 years.

3. (a) PRINT FULL NAME Mr. Paul H. Mueller 460

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. Widowed

6. (b) Name of husband or wife Christiana Mende Mueller 6. (c) Age of husband or wife if alive. -- years

7. Birth date of deceased. January 9th 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 19 hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Postal Clerk 6

11. Industry or business Retired 11 years 6

12. Name Frederick C. Mueller 6

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Pfeiffer

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Paul H. Mueller

(b) Address 6414 Colorado

17. (a) Burial (b) Date thereof Nov. 30, '39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Bidenmeyer Funeral Home

(b) Address 1936 St. Louis Avenue

19. (a) NOV 28 1939 (b) J. B. Radtch
(Received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28th
year 1939 hour 3 minutes 20 A. M.

21. I hereby certify that I attended the deceased from Nov 22nd 1939
1939 to Nov 28th 1939
that I last saw him alive on Nov 27th 1939, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of left foot and hip
Due to Diabetes

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 Robert Wilson (M. D. or other) _____
Address 990 Anacleto Bldg. Date signed 11/28/39

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

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

Rev. 5-17-39
1 x19311

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.

Dr. R. E. Wilson
Arcade Bldg.

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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 Felix J. Krupin
Licensed Embalmer No. 3497
P. O. Address 1936 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.