DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 1939 791

Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 41354

Registrar's No. 10477

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3644a Virginia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 36 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3644a Virginia Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? NO PHYSICIAN IN ATTENDANCE years.

3. (a) PRINT FULL NAME Oscar H. ~~Muell~~ Mueller

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Caroline

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 1, 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 4 If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business Hardware

12. Name Unknown

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

14. Maiden name Unknown

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

MOTHER FATHER

16. (a) Informant's own signature Oscar F. Mueller

(b) Address 5110 Sutherland Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/39
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director [illegible]

(b) Address 2301 Lafayette Ave

19. (a) DEC 7 1939 (Date received local registrar) J. F. Bradish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 5, day
year 1939 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation, due to hanging by rope from the door frame in the kitchen of his home at

Due to 3644a Virginia Avenue, on Dec. 5th, 1939, at about 2:45 P.M.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Suicide

(b) Date of occurrence December 5th, 1939

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 12.7.39

(Licensed Embalmer's Statement on Reverse Side)

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, or by .....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. U. Cooper

Licensed Embalmer No. 2633

P. O. Address 2217 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

B e

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Cty. Sr. Lis.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 10477

On this 30 day of October, 1945, before me appears Mrs. Pauline Toelke, who, upon her oath, states that the original record of ~~birth~~ death for Oscar H. Mueller, died ~~born~~ 12-5, 1939 in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 2 should read Oscar H. Mueller
Instead of " " Muell

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Corrected 10/30/45

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Mrs. Pauline Toelke
Relationship.

3218 Capehart Dr
Present Address.

Subscribed and sworn to before me this 30 day of October, 1945

My Commission expires 3/4/45 Ella C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-5-43
I X36929

S-41354