

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23782

State File No.

6227

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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: 6224 Carlsbad 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 2
(If outside city or town limits, write "RURAL")
(d) Street No. 6224 Carlsbad
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Fred Mueller

460

3. (b) If veteran, name war _____

3. (c) Social Security No.

492-05-4485

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mable Mueller

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased

August 21, 1875

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

64

11

3

hr.

min.

9. Birthplace:

St. Louis

Missouri

(City, town, or county)

(State or foreign country)

10. Usual occupation

Illmo Supply Co.

11. Industry or business

12. Name

Fred Mueller

9

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)

16. (a) Informant

Mabel Mueller

(b) Address

6224 Carlsbad

17. (a)

Burial

(Burial, cremation, or removal)

(b) Date thereof

7/26/40

(Month) (Day) (Year)

(c) Place: burial or cremation

Concordia Cemetery

18. (a) Signature of funeral director

Wacker - Telderle

(b) Address

2331 S. Broadway

19. (a)

JUL 25 1940 (Date received local health officer)

J. F. Brederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

July

day 24

year 1940

hour 6

minute 8

A.M.

21. I hereby certify that I attended the deceased from

June 10, 1940

19

to July 24,

1940

that I last saw him alive on

July 23rd

1940

and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Thrombosis 8 hrs.

Duration

Due to

Due to

Other conditions

Chronic Myocarditis 14Y.?

(Include pregnancy within 3 months of death)

Arterio Sclerosis over a year

Major findings:

Of operations

Of autopsy

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)

(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

Leo E. Wilinski

(M. D. or other)

Address

5407 1/2 Garrison Ave

Date signed 7/25/40

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

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.....

Frank J. Myland

Licensed Embalmer No.

2675

P. O. Address.....

St. Rowno.

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.