

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.

Registration District No. 791 Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: En Route City morgue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3  
(Specify whether years, months or days)

In this community 60 years  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** ADELINE MULLER

**8. (b) If veteran,** NAME WAR \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** FEMALE **5. Color or race** WHITE

**6. (a) Single, widowed, married, divorced** WIDOWED

**6. (b) Name of husband or wife** GEORGE MULLER **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** MAY 2, 1866  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>80</u>	<u>4</u>	<u>7</u>	hr. _____ min. _____

**9. Birthplace** LITOVANIA RUSSIA  
(City, town, or county) (State or foreign country)

**10. Usual occupation** AT HOME

**11. Industry or business** \_\_\_\_\_

**MOTHER** { **12. Name** KEHR

**13. Birthplace** UNKNOWN RUSSIA  
(City, town, or county) (State or foreign country)

**14. Maiden name** UNKNOWN

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

**16. (a) Informant's own signature** William Gleifert

**(b) Address** 4926 Desborough

**17. (a) BURIAL** **(b) Date thereof** SEPT-11-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** SUNSET-BURIAL-PARK

**18. (a) Signature of funeral director** Blasidireiden

**(b) Address** 1936 ST. LOUIS AVE

**19. (a) SEP 10 1940** **(b)** \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County \_\_\_\_\_

(c) City or town St Louis 14  
(If outside city or town limits, write "RURAL")

(d) Street No. 5301 Pleasant  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 60 years years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month 9 day 9  
year 1940 hour 10:55 minute 12 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** \_\_\_\_\_

Cerebral Thrombosis

**Due to** \_\_\_\_\_

Arterio Sclerosis

**Other conditions** \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**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** Joseph H. Freeman (M. D. or other) \_\_\_\_\_

**Address** \_\_\_\_\_ **Date signed** \_\_\_\_\_

**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 J. M. Hatz

Licensed Embalmer No. 3737

P. O. Address 1936 St Louis

**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.**