

MAILED OCT 18 1940  
821

Registration District No. 821

Primary Registration District No. 4553

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Sikeston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Helena Mueller

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Eric Mueller 6. (c) Age of husband or wife if alive D. years

7. Birth date of deceased Oct. 23 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 11 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

12. Name H. H. Elbring

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

14. Maiden name Amalie Elbring

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

16. (a) Informant Mrs. Edith Duckworth

(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director [Signature]  
(b) Address Sikeston, Mo.

19. (a) 10-7-1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town Sikeston  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23  
year 1940 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 19-40  
to Sept 23-40  
that I last saw her alive on Sept 23-1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis, 3 yrs.  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to gpc

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?

742 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Nawad M. Keedy (M. D. or other) \_\_\_\_\_  
Address Sikeston, Mo. Date signed 9/24/40

RECEIVED

District Health Officer No. 2

District File Number 1040-154

Date Filed 10/10/40

25991  
JAN 8 1941

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.....

Harry S Johnson, Registered Apprentice No.....  
working under my personal supervision.

Signed Harry S Johnson

Licensed Embalmer No. 3704

P. O. Address.....

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, fact should be so stated above.