No. 2
4-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40593

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10364

1. PLACE OF DEATH:
(a) County 2
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 309 E. Courtois
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 0
(c) City or town St Louis (1)
(If outside city or town limits, write "RURAL")
(d) Street No. 309 E. Courtois 21
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Oscar A. Mueller
3. (b) If veteran, name war No.
3. (c) Social Security No. 498-098-990
4. Sex M
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Mueller
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Oct. 22 (Month) 1875 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	1	23	hr. min.

9. Birthplace Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Day Laborer Unemployed 9
11. Industry or business Unemployed 1
MOTHER FATHER
12. Name Jacob Mueller 7
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Elizebeth Strop
15. Birthplace France (City, town, or county) (State or foreign country)
16. (a) Informant Rose Mueller
(b) Address 309 E. Courtois
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18/40 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) DEC 17 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15 year 1940 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12-1- 1939, to 12-15, 1940 that I last saw him alive on 12-10- 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 hr
Due to arteriosclerosis	10 yrs
Due to —	
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? (Specify type of place)
While at work? — (e) Means of injury —
23. Signature O. S. Jones (M. D. or other) MD
Address 3616 S Broadway Date signed 12-16

(Licensed Embalmer's Statement on Reverse Side)

3616 So Bodley

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 Olene E. Fendler

Licensed Embalmer No. 4148

P. O. Address 1144 Jenny

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, fact should be so stated above.