

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **9129**
Registrar's No. **2539**Registration District No. **791**Primary Registration District No. **1003**Registrar's No. **2539**

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:
5327 North Union Blvd. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 55 years

3. (a) PRINT FULL NAME Fred L. Mueller3. (b) If veteran, name war None 3. (c) Social Security No. 327-05-68034. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married6. (b) Name of husband or wife Clara Mueller nee Dailey 6. (c) Age of husband or wife if alive 46 years7. Birth date of deceased October 16 1880
(Month) (Day) (Year)8. AGE: Years 60 Months 5 Days 3 If less than one day _____ hr. _____ min.9. Birthplace Racine / Wisconsin
(City, town, or county) (State or foreign country)10. Usual occupation Bookbinder11. Industry or business Jost-Kiefer Printing Company12. Name Sebastian Mueller13. Birthplace Baden / Germany
(City, town, or county) (State or foreign country)14. Maiden name Frances Seibert15. Birthplace Burlington / Wisconsin
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Clara Mueller(b) Address 5327 No. Union Blvd.17. (a) Burial (b) Date thereof March 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Wm. G. Robert R. & W. Co.
(b) Address 1908 1/2 So. Grand Blvd.19. (a) MAR 21 1941 (b) J. W. Brecher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County J. Co.
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5327 No. Union Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1941 hour 8 minute 35 P. M.21. I hereby certify that I attended the deceased from Oct 1940 to Mar 19 1941
that I last saw him alive on Mar 19 1941
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of the liver. Duration 10 mos.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 injury23. Signature R. R. Menown (M. D. or other) M.D.
Address 5330 Geraldine Date signed 3/21/41

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

Rev. 8-1-38 1 X1811

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.....

John Hetter
.....
Licensed Embalmer No. 3880

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, above space should be left blank.