

S. No. 2  
M-1-4-41  
v. 5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 9012  
2852  
Registrar's No.

FILED APR 13 1942  
Registration District No. 191

Primary Registration District No.

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

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17  
9

1. PLACE OF DEATH:  
(a) County St. Louis, Mo.  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days.  
In this community About 30 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County L3  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. City Infirmary  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE MUELLER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 17  
year 1942 hour 11:00 minute A. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 19, 1858  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-11-42 19\_\_\_\_ to 3-17-42 19\_\_\_\_  
that I last saw him alive on 3-17-42 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 3-11-42  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
83 3 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Gen. Arteriosclerosis  
Senility 3-11-42

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

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

10. Usual occupation Laborer

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No.  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown Unknown  
(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 \_\_\_\_\_  
(b) Address \_\_\_\_\_

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? \_\_\_\_\_

17. (a) Antoinette Bonifazi Date of removal 3-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Washington

(Specify type of place)  
While at work? \_\_\_\_\_ (d) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Whelan  
(b) Address 3500 Cutler

23. Signature Humbert Smith (M. D. or other)  
Address 3400 Arsenal Date signed 3/17/42

19. (a) MAR 21 1942 (b) J. F. [Signature]  
(Date received local health officer) (Registrar's signature)

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**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.....

Licensed Embalmer No.....

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.**