

S. No. 2
M-9-441
Rev. 5-17-39
X2988

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16483
4486

State File No.

FILED JUN 2 1942

Registration District No.

Primary Registration District No.

Registrar's No.

791

1003

1. PLACE OF DEATH:

(a) County St. Louis City Hospital
(b) City or town St. Louis City Hospital
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. Globe Hotel - 107 N. 6TH ST.
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country Unknown

3. (a) PRINT FULL NAME Henry Mueller

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown
7. Birth date of deceased Unknown ABOUT 1874
(Month) (Day) (Year)

8. AGE: Years ABOUT 68 Months UNKNOWN Days --- If less than one day --- min.

9. Birthplace Unknown 4 GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown STONE MASON

11. Industry or business Unknown

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Gerlach
(b) Address 5834 Salome
17. (a) Burial (b) Date thereof May 25-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews
18. (a) Signature of funeral director Wm. C. Maydel
(b) Address 1926 Allen

19. (a) MAY 23 1942 J. F. Prudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20,
year 1942 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from May 15, 1942 to May 20, 1942
that I last saw him alive on May 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of face
Duration

Due to 53
Due to 112
Other conditions ---
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations ---
Of autopsy ---
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 E. Donjaemel (M. D. or other) D
Address 515 Lafayette Avenue Date signed 5/20/42

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

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HP

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..... *A. W. Jansky*
Licensed Embalmer No. *24149*
P. O. Address *1926 Allen*

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.