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

Registration District No. 791

Primary Registration District No. 1002

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4067 Shenandoah Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Karl W. Mueller

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Mueller 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Nov. 9th 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Baker 5 Yrs. retired

11. Industry or business _____

MOTHER FATHER
12. Name William Mueller
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Mueller
(b) Address 4067 Shenandoah Ave.

17. (a) Burial (b) Date thereof 7-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery
Kriegshauser Mortuaries

18. (a) Signature of funeral director J. F. Muech
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JUN 30 1942 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1942 hour 3 minute P.M. M.

21. I hereby certify that I attended the deceased from April 30 1940 to June 29 1942
that I last saw him alive on 6/29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary thrombosis
Heart failure
Due to Anemia Myelogenous leukemia
Due to _____
Duration
1/2 hr.
1 week
16 Months

Other conditions Large spleen
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
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) None
(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 Curtis A. Meyer (M. D. or other) Phys.
Address 647 Century Bldg Date signed 6/30/42

6402 Morganford 7-20-82

44-17198

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 *Charles H. Mc Dermott*

Licensed Embalmer No. *3024*

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.