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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 10 1942

Registration District No. **318** Primary Registration District No. Registrar's No. **7381**

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(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 3 Days (Specify whether
In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County.....

(c) City or town St. Louis **23**
(If outside city or town limits, write "RURAL")

(d) Street No. 219 Lami Street
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME Herman Mullering

3. (b) If veteran, name war..... No

3. (c) Social Security No. None

4. Sex Male **0**

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Mullering

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased April 24 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 8 If less than one day
..... hr. min.

9. Birthplace Washington D.C.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 10 years

11. Industry or business

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 Anna Mullering

(b) Address 219 Lami Street

17. (a) Burial (b) Date thereof 9/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Hedden - Beland and Co

(b) Address 3634 Gravois Ave.

19. (a) SEP 3 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1,
year 1942 hour 11:20 minute A. M.

21. I hereby certify that I attended the deceased from August 30,
1942 to September 1, 1942;
that I last saw him alive on September 1, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to.....

Due to.....

Other conditions arteriosclerotic heart
(Include pregnancy within 3 months of death) Diabetes

Major findings: Generalized arteriosclerosis

Of operations.....

Of autopsy as above

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?

23. Signature [Signature] (M. D. or other) **0**
Address 1515 Lafayette Avenue Date signed 9/3/42

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

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 Joseph J. Phelan
Licensed Embalmer No. 2675
P. O. Address St. Louis, Mo

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.