S. No. 2
M—1-4-41
V. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29039

Registrar's No. 8016

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: In the 3800 Block of Washington Boulevard (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 9 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town University City (If outside city or town limits, write "RURAL")
(d) Street No. 7257 Kingsbury (If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Col. Carl H. Müller
3. (b) If veteran, name war WORLD WAR
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife FRANCES MÜLLER
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March (Month) 30 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
69	5	26	hr. min.

9. Birthplace BRENHAM (City, town, or county) Texas (State or foreign country)
10. Usual occupation ARMY OFFICER
11. Industry or business
MOTHER FATHER
12. Name Hy. A. B. MÜLLER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name MINNA HOPPE
15. Birthplace BASTROP (City, town, or county) TEXAS (State or foreign country)
16. (a) Informant Mrs. Frances Müller
(b) Address 7257 Kingsbury
17. (a) ~~Interment~~ Burial (Burial, cremation, or removal) Date thereof 9/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery
18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address Kirkwood
19. (a) SEP 28 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26 year 1942 hour about 10 a.m. minute M.
21. I hereby certify that I attended the deceased from March 25 1941 to Sept 26 1942 that I last saw him alive on Sept 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Spasm of Coronary arteries for Thrombosis of coronary artery — Duration Not known
Due to Marked Sclerosis of
Due to Coronary Vessels
Other conditions (Include pregnancy within 3 months of death) NK
Major findings: Of operations NK
Of autopsy Marked Sclerosis of Coronary vessels & of aorta

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)
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. Malcolm Strand (M.D. or other)
Address 607 N. Grand Date signed Sept 29 1942

(Licensed Embalmer's Statement on Reverse Side)

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 M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood 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.