U. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32267

FILED NOV 6 1942

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8989

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: Luthern Hospital 0
(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: 79

(a) State Missouri (b) County Perry
(c) City or town Altenburg
(If outside city or town limits, write "RURAL") N.R.
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hilmar Mueller

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 24th (Day) ~~1942~~ 1923 (Year)

8. AGE: Years 18 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Altenburg, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation School Boy

11. Industry or business

FATHER
12. Name Rudolph Mueller
13. Birthplace Altenburg, Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Clara Oberndorfer
15. Birthplace Frona, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Rudolph Mueller
(b) Address Altenburg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-42 (Month) (Day) (Year)
(c) Place: burial or cremation Altenburg, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) OCT 28 1942 (Date received local registrar) (b) J. F. Bedsek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1942 hour 9 30/ minute A M.

21. I hereby certify that I attended the deceased from 9/30/42, 19..., to 10/27/42, 19...; that I last saw him alive on 10/27/42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Staphylococcus Septicemia	1 month
Due to: Carbuncle of Back	5 weeks
Due to: Cause of carbuncle Just Known	
Other conditions (Include pregnancy within 3 months of death): 91	

Major findings:
Of operations None
Of autopsy Endocarditis + Lung Emboli
Acute Endocarditis

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Leo H. Hanser (M. D. or other) M. D.
Address 3657 Grandel Sq. Date signed 10/27/42

844 (Licensed Embalmer's Statement on Reverse Side)

DEC 9 1942

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 Helford D. Burnley

Licensed Embalmer No. 4202

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.