

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1942 348

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 32268
Registrar's No. 8631

Registration District No. _____ Primary Registration District No. _____

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 5 Days
(Specify whether years, months or days) 30 YEARS

3. (a) PRINT FULL NAME William Muller
3. (b) If veteran. name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced, SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE-8-1885
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 8 If less than one day hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____
12. Name William MULLER
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name ANNA LOCKE
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Goedeke
(b) Address 2149 Edmond

17. (a) BURIAL (b) Date thereof OCT-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEM.

18. (a) Signature of funeral director L. B. Tanner
(b) Address 6107 Natural Bridge
19. (a) OCT 18 1942 (b) J. F. Biedlich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State MISSOURI (b) County 17
(c) City or town ST. LOUIS 926
(If outside city or town limits, write "RURAL")
(d) Street No. 1417 BENTON
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16,
year 1942 hour 10:45 minute A. M.
21. I hereby certify that I attended the deceased from October
12, 1942 to October 16, 1942
that I last saw him alive on October 16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous metastases Duration _____
massive, generalized

Due to _____
Due to 55
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy metastases to all organs.
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) _____ (e) Means of injury _____
While at work? _____
23. Signature P. Parashuk (M. D. or other) 0
Address 1515 Lafayette Ave. Date signed 10/17/42

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

MOTHER FATHER

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 *Welford G. Burdick*
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.