

BUREAU OF THE CENSUS
FILED NOV 23 1942
318

Registration District No. Primary Registration District No. 1003 Registrar's No. 9537

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

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:
2655 Russell Avenue
(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)

3. (a) PRINT FULL NAME..... Joseph A Mueller
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... Anna Mueller Deceased 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... Jan 6th 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 8 ..hr. ..min.

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

10. Usual occupation..... Retired Ship-keeper

11. Industry or business..... U. S. Engineering Dep't

12. Name..... Sebastian Mueller

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

14. Maiden name..... Franciska Seibert

15. Birthplace..... Burlington Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant..... Susan Mayer

(b) Address..... 2655 Russell Avenue

17. (a) Burial (b) Date thereof..... Nov 17th 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Old SS. Peter & Paul Cemetery

18. (a) Signature of funeral director..... Wm. J. Robert
(b) Address..... 1905 South Grand St

19. (a) NDV 16 1942 (b) J F Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 2655 Russell Avenue
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th
year..... 1942 hour..... 8 minute 25 A.M.

21. I hereby certify that I attended the deceased from
March 10th 1940 to November 14th 1942
that I last saw him alive on..... November 14th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Uremic Coma. Duration 2 days.

Due to..... Chronic Intestinal Nephritis 2 yrs.

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
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).....
(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)
(c) Means of injury.....
Signature..... Albert Baibarth MD (M. D. or other).....
Address..... 3548 S. Grand Date signed..... 11/16/42

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 Ketter*
Licensed Embalmer No..... *3880*
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.