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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 61

Registration District No. 370

Primary Registration District No. 3058

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Rural
(If outside city or town limits, write "RURAL.")

(d) Street No. R.R.1 St. Charles Township
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Juanita Mueller

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female / race White / 5. Color or White

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

6. (b) Name of husband or wife Theo. Mueller

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased January 23, 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>2</u>	<u>2</u>hr.min.

9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Wm. Moellering

13. Birthplace New Melle Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Augusta Esselmann

15. Birthplace St. Charles Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Theo. Mueller

(b) Address St. Charles Community 770

17. (a) Burial (b) Date thereof Mar. 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hackmann - Bau

(b) Address 326 N. 6th St. St. Charles 770

19. (a) 3-26-43 (b) Coarance G. Gessler
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 16
1942 to March 24, 1943
that I last saw her alive on March 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 24 hrs.

Due to Hypertension

Due to

Other conditions Arteriosclerosis, chronic nephritis

(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

23. Signature Lucretia Behrman (M. D. or other) MD

Address St. Charles, Mo Date signed 3/26/43

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..... *Arthur C. Case*

Licensed Embalmer No. *3144*

P. O. Address *St Charles 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.