

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 3739 Oregon
(If rural, give location)

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

3. (a) PRINT FULL NAME Arthur G. Mueller Jr

3. (b) If veteran, name war _____ No. _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1943 hour 11.20 minute A. M.

4. Sex Male

5. Color or race White

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 21 1930
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/9 1939 to 4/8 1943
that I last saw him alive on 4/8/ 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 12 Months 9 Days 18
If less than one day _____ hr. _____ min.

Immediate cause of death: Chronic uremic poisoning Duration 2 yrs.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

Due to Marked dilatation of both ureters & hydro nephrosis with infection 12/9/39

Due to Congenital malformation of urethra since birth

11. Industry or business _____

12. Name Arthur G. Mueller Sr.

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Stella Wakimo

15. Birthplace _____ Mo.
(City, town, or county) (State or foreign country)

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

PHYSICIAN 13212

16. (a) Informant Arthur G. Mueller Sr.

(b) Address 3739 Oregon

17. (a) Burial (b) Date thereof 4/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

Major findings: None

Of operations _____

Of autopsy No

18. (a) Signature of funeral director W. J. Bredbeck

(b) Address 3013 Meramec

19. (a) APR 9 1943 J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____ No

(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 Supper MD
Address 3933 S. Grand Blvd. Date signed 4/9/43

3933 & Howard
2-4

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.....
George N. Archambault....., Registered Apprentice No. XXXXX
working under my personal supervision.

Signed George N. Archambault
Licensed Embalmer No. 2906
P. O. Address # 3013 Meramec

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.