

Registration District No. 6 1987

Primary Registration District No. 6076

Registrar's No. 991

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ellisville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Copley Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Months
In this community 60 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME August R. Mueller
3. (b) If veteran, name war None 3. (c) Social Security No. None

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 August 23 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>0</u>	hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____
12. Name August Mueller
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Beiter
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Charles Mueller
(b) Address 5614 So. Compton

17. (a) Burial (b) Date thereof 4-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

19. (a) APR 27 1943 (b) C. H. McCarson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 153 Lemay Ferry
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1943 hour 6:35 minute _____ M.
21. I hereby certify that I attended the deceased from Feb 15
_____, 1943 to April 23, 1943;
that I last saw him alive on April 17, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage Duration 1 day
Due to Hypertension 2 yrs
Due to Arteriosclerosis 2 yrs
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy 8 Jan
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 A. H. Sheslie (M. D. or other) MD
Address St. Louis, Mo Date signed 4-27-43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

50M-517-20
Rev. 5-17-39
U.S. GPO: 1939 O-1 X1951

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.....

Virgil L. Berryman

Licensed Embalmer No.....

4018

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, above space should be left blank.