S. No. 2
OM—5-42
v. 5-17-39
1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23298

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6155

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Park Lane Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 5 Days. (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Madison 11

(c) City or town Rural 0 N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. Fort Russell Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Amanda Helen Mueller

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry Adam Mueller

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June (Month) 18 (Day) 1892 (Year)

8. AGE: Years 51 Months --- Days 17 If less than one day hr. min.

9. Birthplace Madison County (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Bruno Johnson
13. Birthplace Madison County (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mattie Neunaber
15. Birthplace Ost Friesland (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Glenwood Mueller
(b) Address Edwardsville, Ill. R.#1.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 10, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Lutheran Cemetery, Madison County, Ill.

18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) JUL 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1943 hour 11:40 minute P.M.

21. I hereby certify that I attended the deceased from 5-31-43, 19 to 19; that I last saw her alive on 7-5-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative heart disease

Due to Old toxic goiter

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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)

While at work? (e) Means of injury

23. Signature Frank J. Smith (M. D. or other) M.D.
Address 4930 [illegible] Date signed 7-6-43

(Licensed Embalmer's Statement on Reverse Side)

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.....Robert H. Streeper

Licensed Embalmer No. 2474

P. O. Address.....Alton, Ill.

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.