S. No. 2
M—2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23300

FILED AUG 7 1943

Registration District No. 3618

Primary Registration District No. 1003

Registrar's No. 6920

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: 3618a Hydraulic 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 9 16

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

(d) Street No. 3618a Hydraulic Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Bertha H. Mueller

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

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

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

7. Birth date of deceased December (Month) 4. (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	7	25	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Frederick Kerger
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant William C. Mueller
(b) Address 3618a Hydraulic Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/43 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Flacker Helderle Und. Co.
(b) Address 3634n Gravois Avenue

19. (a) JUL 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1943 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 4, 1926, 19 to 7/29, 1943
that I last saw her alive on 7/29, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia — Duration 3 days

Due to

Due to

Other conditions Chr. nephritis — 10 years
(Include pregnancy within 3 months of death)
Arterio Sclerosis

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature [illegible] Simpson (M. D. or other) M.D.
Address 3739 Gravois Ave Date signed 7/29/43

(Licensed Embalmer's Statement on Reverse Side)

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

8739 Gravois Ave. 4088

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 C Wheeler

Licensed Embalmer No. 2128

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, fact should be so stated above.