S. No. 2
M—5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32583

State File No. 0

FILED OCT 9

Registration District No. 1943 317

Primary Registration District No. 3063

Registrar's No. 2243

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

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1. PLACE OF DEATH:
(a) County ST. LOUIS CO.
(b) City or town CLAYTON MO. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. LOUIS CO. HOSP. (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 12 Hr. (Specify whether
In this community 9 Yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town JENNINGS MO. 096 (If outside city or town limits, write "RURAL")
(d) Street No. 8524 Octavia Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME RICHARD MUELLER
3. (b) If veteran, name war NONO
3. (c) Social Security No. NONE

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of ~~husband~~ or wife SADIE MUELLER
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased FEB. (Month) 2 (Day) 1871 (Year)

8. AGE: Years 72 | Months 8 | Days | If less than one day hr. min.

9. Birthplace BROOKLYN (City, town, or county) N.Y. 1 (State or foreign country)
10. Usual occupation CARPENTER
11. Industry or business
FATHER
12. Name RICHARD MUELLER
13. Birthplace BROOKLYN (City, town, or county) N.Y. 1 (State or foreign country)
MOTHER
14. Maiden name UN. KNOWN
15. Birthplace UN-KNOWN (City, town, or county) 9 (State or foreign country)
16. (a) Informant Sadie Mueller
(b) Address 8524 Octavia Ave.
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof Oct 5 1943 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation OAK GROVE CREMATORY
18. (a) Signature of funeral director Diedrich F. Homes
(b) Address 8319 Halls Ferry Rd.
19. (a) 10-5-43 (Date received local registrar) (b) G. McClarty, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2 year 1943 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Oct. 1, 1943, 19..., to Oct 2, 1943
that I last saw him alive on Oct 2, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	3 days
Due to Myocarditis	3
Due to Mitral Regurgitation	?
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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 Albert Wall (M. D. ~~or other~~)
Address 5322 Hela Ave Date signed 10/4/43

(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 Arthur R. Diedrich

Licensed Embalmer No. 3556

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.