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No. 2
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003

State File No. 754

Registrar's No. 10476

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.

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

(c) Name of hospital or institution: Max C. Starkloff Memorial St. Louis City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 004

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 92 (If outside city or town limits, write "RURAL")

(d) Street No. 2738 PAPIN ST. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Henry Mueller

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

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 SEPT. (Month) 19 (Day) 1872 (Year)

8. AGE: Years 71 Months 2 Days 10 If less than one day hr. min.

9. Birthplace ST. LOUIS, MO (City, town, or county) (State or foreign country)

10. Usual occupation BLACKSMITH

11. Industry or business

FATHER
12. Name HENRY MUELLER
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name FREDERICKA BRUNE
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Mr Herm Schworm

(b) Address 4142 Shenandoah Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 1 1943 (Month) (Day) (Year)

(c) Place: burial or cremation OLD PICKERS CEM.

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette Av.

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

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th year 1943 hour 12:30 minute A.M.

21. I hereby certify that I attended the deceased from November 27th 1943 to November 29th 1943 that I last saw him alive on November 29th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Peritonitis

Due to Abdominal Wall Abscess

Due to

Other conditions Congestive Heart Failure (Include pregnancy within 3 months of death) Ureteral Structure

Major findings: Of operations Laparopubic Cystostomy

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 Leo J. Wade (M. D. or other)

Address 1515 Lafayette Ave. Date signed

(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 Jos B Volkmer

Licensed Embalmer No. 4014

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.