No. 2
5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 255 520

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No.

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

(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12 923

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

(d) Street No. 2900 Park Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Henry Mueller

3. (b) If veteran, name war

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 January (Month) 3, (Day) 1873 (Year)

8. AGE: Years 71 Months 0 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Henry Mueller

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

MOTHER 14. Maiden name Mathilda Mitt

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

16. (a) Informant Mathilda Hommelson

(b) Address 2226 Montana Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 19/44 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 So. Grand Blvd.

19. (a) JAN 18 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1944 hour 7:25 minute A M.

21. I hereby certify that I attended the deceased from January 6, 1944 to January 16, 1944; that I last saw him alive on January 16, 1944; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Arteriosclerotic heart disease

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not done

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 Steinberg (M. D. or other)

Address 1515 Lafayette Avenue Date signed 1/17/44

(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. Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address. 412 Dubuque Ia.

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.