

S. No. 2
M-5-43
r. 5-17-39
I X38671

FILED MAY 2 1948 18

Registration District No. 1848 Primary Registration District No. 1003 Registrar's No. 3681

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
1806 Sidney St. 1
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 1806 Sidney St. 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Frank Mueller

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1944 hour 10 minute 26 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased March 1883
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>1</u>	<u>1</u>	_____ hr. _____ min.

Duration _____

Due to _____

Due to 124

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Tailor

PHYSICIAN _____

Major findings: _____

11. Industry or business _____

12. Name John Mueller

13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name Marie Schoenherr

15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

Of operations _____

Of autopsy _____

16. (a) Informant John F. Mueller

(b) Address 2009 B. Pestalozzi St.

17. (a) Burial (b) Date thereof 4-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation St. Mathew's Cem

18. (a) Signature of funeral director Wm. Brock + Co.

(b) Address 2929 S. Jefferson Av.

19. (a) APR 21 1944 (Date received local registrar)

J. F. Brudick (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Alfred Meyer (M. D. or other) _____

Address Capitol Bldg Date signed 4/21/44

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2929 d. Jefferson ave

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.