

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15617
Registrar's No. 4398

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town St. Louis Mo
(c) Name of hospital or institution:
5730 Reber Pl
(d) Length of stay: In hospital or institution.
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis
(d) Street No. 5730 Reber Pl
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Joseph J Mueller
3. (b) If veteran, name war No
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17
year 1945 hour 2:15 Am minute M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased Oct 24 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 7 1945 to Apr. 23 1945
that I last saw him alive on Apr. 23 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 41 Months 6 Days 23
If less than one day .hr. min.

Immediate cause of death. Hypertensive Cardio-vascular disease (Wolquist type)
Duration 6 mos.

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

Due to 93
Due to

10. Usual occupation Shipping Clerk

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

11. Industry or business Liggett & Meyers Tab Co

Major findings: Of operations

12. Name Bernard Mueller

Of autopsy

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

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

14. Maiden name Tillie Behnen
(City, town, or county) (State or foreign country)

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

16. (a) Informant Katherine Mueller
(b) Address 5730 Reber Pl

17. (a) Burial (b) Date thereof May 21 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter Paul

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 S. Kingshighway

19. (a) MAY 18 1945 (b) J. F. Braden
(Date received local registrar) (Registrar's signature)

23. Signature R. Bradley (M. D. or other)
Address Barnes Hospital Date signed 5/18/45

MAY 18 1945

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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..... *Edwin D. MacDesmond*

Licensed Embalmer No..... *3024*

P. O. Address.....

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.