U. S. No. 2
00M—2-43
Rev. 5-17-39
Form X35697

10390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11478

Registration District No. 318 | Primary Registration District No. 1005 | Registrar's No. 2609

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 851 McLaren
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 178
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 851 McLaren
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Hildegard K. Mueller

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Anton

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Aug. (Month) 1 (Day) 1898 (Year)

8. AGE: Years 47 | Months 7 | Days 17 | If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER

12. Name Frank Feigl

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

14. Maiden name Emma Richter

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

16. (a) Informant Anton Mueller
(b) Address 851 McLaren

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/46 (Month) (Day) (Year)
(c) Place: burial or cremation O. SS Peter & Paul

18. (a) Signature of funeral director Wacker-Kelleher
(b) Address 3634 Gravois Ave.

19. (a) MAR 19 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 18 year 1946 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 10, 1945 to March 17, 1946 that I last saw him alive on March 17, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis chronic — Duration 2 yrs

Due to 131

Due to

Other conditions chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
While at work? (Specify type of place) (e) Means of injury

23. Signature L. Schopin (M. D. or other)
Address 8321 Lindbergh Date signed 3/19/46

(Licensed Embalmer's Statement on Reverse Side)

MAY 19 1930

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.....

Licensed Embalmer No. 2645

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 11478-46

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2609

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth / death
Hildegarde Mueller died 3-18, 1946 in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Hildegarde K. Mueller
Instead of Hildegaard K. Mueller

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wacker-Hilderle Und. Co. per Clarence Wacker Jr. Fun. Direc
Relationship.

3634 Gravois
Present Address.

Subscribed and sworn to before me this 16 day of December, 1948

My Commission expires 3-4-49 Ella C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667