

FILED JUL 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **560E**

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**

(c) Name of hospital or institution:
2624 S. Jefferson Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **2317**

(d) Street No. **2624 S. Jefferson Ave.** (If rural, give location) **9**

(e) Citizen of foreign country? **No** (Yes or No) **0**

If yes, name country _____

3. (a) PRINT FULL NAME **Antoinette Barbara Mueller**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24th**
year **1946** hour **11.55** minute **P** M.

5. Color or race **Female / White**

6. (a) Single, widowed, married, divorced **Single (1)**

6. (b) Name of husband or wife _____

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

21. I hereby certify that I attended the deceased from **June 23, 1946 to June 24, 1946**
that I last saw her alive on **June 24, 1946**
and that death occurred on the date and hour stated above.

7. Birth date of deceased **June 18th 1902**
(Month) (Day) (Year)

Immediate cause of death: **Carcinoma of Left Breast with metastases to neck, lung, and abdominal viscerae.** Duration **6 yr**

8. AGE: Years **44** Months **0** Days **6**
If less than one day _____ hr. _____ min.

Due to _____

Other conditions: **None** (Include pregnancy within 3 months of death)

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

Major findings: **None performed.** PHYSICIAN _____

Of autopsy: **None performed.** Underline the cause to which death should be charged statistically.

10. Usual occupation **Tie Operator**

11. Industry or business **Baum Bro's Neckwear Co.**

12. Name **John Mueller**

13. Birthplace **Germany** (State or foreign country) **4**

14. Maiden name **Antoinette Babel**

15. Birthplace **Germany** (State or foreign country) **4**

16. (a) Informant **Melva Elizabeth Mueller**

(b) Address **2624 S. Jefferson Ave.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **6/27/46** (Month) (Day) (Year)

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

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? _____

18. (a) Signature of funeral director **John H. Huber Sons and Co.**

(b) Address **2630 Gravois Ave.**

19. (a) **JUN 25 1946** (Date received local registrar)

(b) **J. F. Bresser** (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature **James T. Murphy** (M. D. or other)

Address **507 N. Grand Blvd.** Date signed **6-25-46**

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

20913

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 Robert F. Yelken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.