

S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28915**
Registrar's No. **7060**

FILED AUG 29 1946
#53572

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri.**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Stark off
(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** **21/9/0**
(If outside city or town limits, write "RURAL")
(d) Street No. **6415 S. Kingshighway**
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **GEORGE MUELLER**
3. (b) If veteran, name war ********* 3. (c) Social Security No. *********
4. Sex **Male** 0 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 **February 10 1945**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **12th**
year **1946** hour **9:50** minute **A** M.
21. I hereby certify that I attended the deceased from **1/30/46**
_____, 19____, to **Aug. 12th**, 19 **46**
that I last saw him **in** alive on **Aug. 18th**, 19 **46**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 **6** **2** hr. _____ min.

Immediate cause of death _____
Pulmonary Tuberculosis / FA **6 months**
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
1/3

9. Birthplace **Missouri** (City, town, or county) (State or foreign country) **0**
10. Usual occupation **Nil**
11. Industry or business _____

PHYSICIAN
Major findings: Of operations _____
Of autopsy **Pulmonary Tbc, F.A.**
Tuberculosis of aortic & hepatic vessels
Underline the cause to which death should be charged

MOTHER FATHER
12. Name **Vincent A. Mueller** **0**
13. Birthplace **Missouri** (City, town, or county) (State or foreign country)
14. Maiden name **Adele Ryan** **0**
15. Birthplace **Missouri** (City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Adele Mueller**
(b) Address **6415 S. Kingshighway**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **August 14 1946**
(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 **New St. Peter and Paul**
18. (a) Signature of funeral director **Frederick B. ...**
(b) Address **6402 Gravois Ave**
19. (a) **AUG 13 1946** (Date received local registrar) (b) **J. F. Bredack** (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **Robert L. Gilbert** (M. D. or other) **0**
Address **1515 Lafayette** Date signed **8/12/46**

(Licensed Embalmer's Statement on Reverse Side)

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

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 W. Fritz
.....
Licensed Embalmer No. 3882

..... 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.