

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28916**
Registrar's No. **7300**

FILED # **AUG 29 1946**
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri.**
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
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") **1517**
(d) Street No. **5418 Dewey Memorial** (If rural, give location) **9**
(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **HERMAN MUELLER**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **21st**
year **1946** hour **9:20** minute **P** M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **add. C** 6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **July 17 1887**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6/21/46** to **Aug. 21st 1946**
that I last saw h. **im** alive on **Aug. 21st 1946**
and that death occurred on the date and hour stated above.

8. AGE: Years **59** Months **1** Days **4** If less than one day _____ hr. _____ min.

Immediate cause of death **Cerebral Thrombosis** Duration **months**
Due to **Cerebral arteriosclerosis** years
General arteriosclerosis years
Due to _____

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

Other conditions **Psychosis & cerebral**
(Include pregnancy within 6 months of death)

11. Industry or business _____
12. Name **Bernard Mueller**
13. Birthplace **Germany** (State or foreign country) **4**
14. Maiden name **Heckel Mueller**
15. Birthplace **Germany** (State or foreign country) **4**

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy **82**
Underline the cause to which death should be charged statistically.

16. (a) Informant **M. J. Sola Mueller**
(b) Address **5418 Dewey**
17. (a) **St. Peter & Paul** (b) Date thereof **8 24 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peter & Paul**

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? _____
(Specify type of place)

18. (a) Signature of funeral director **H. J. Bredeek**
(b) Address **3819 E. Grand**
19. (a) **AUG 23 1946** (Date received local registrar) **J. F. Bredeek** (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
3. Signature **1515 Lafayette** **8/22/46** (M.D. or other) **MD**
Address **Thomas Thale** Date signed _____

(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

Matthew J. McLaughlin
.....
Licensed Embalmer No. *4386*
.....
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.