

FILED AUG 30 1946

Primary Registration District No. **1003**

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

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:
4529 Athlone Ave /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME William J. Mueller
 3. (b) If veteran, name war No
 3. (c) Social Security No. 497-10-9198

4. Sex Male 0
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anna Mueller
 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased September 18 1887
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 13
 If less than one day hr. min.

9. Birthplace St. Louis Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Unemployed

12. Name Joaeoph Mueller

13. Birthplace Germany 7
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Heil

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Mueller
 (b) Address 4529 Athlone Ave

17. (a) Burial (b) Date thereof Aug 5 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lake Charles Cem

18. (a) Signature of funeral director Calvin F. Feutz
 (b) Address 4828 Nat Bridge Blvd

19. (a) AUG 2 1946 (b) J. F. Bredeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")
 (d) Street No. 4529 Athlone Ave 90
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
 year 1946 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from April 6
 1944 to Aug 1 1946
 that I last saw him alive on Aug 1 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Ac. dilation of heart
Coronary sclerosis
Hypertension
Cardiomegaly

Due to.....
 Due to.....

Other conditions:
(Include pregnancy within 3 months of death)
131

PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations.....
 Of autopsy.....

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?

23. Signature Samuel Woff his
(Specify type of place) (M. D. or other)
 Address 2906 N. Union Date signed 8/1/46

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

John A. Milinar

Licensed Embalmer No.

4186

P. O. Address

St. Louis Mo

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.