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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. **7495**

FILED MAR 6 3 1947

Registration District No. **3197**

Primary Registration District No. **6076**

Registrar's No. **450**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Mt. Pleasant**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lackland & Schuetz Roads /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6e Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**
(c) City or town **Mt. Pleasant** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **Lackland & Schuetz Roads** **0**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Fredericka Lena Mueller**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F /** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M /**

6. (b) Name of husband or wife **August H** 6. (c) Age of husband or wife if alive **87** years

7. Birth date of deceased **March 27 1864**
(Month) (Day) (Year)

8. AGE: Years **82** Months **11** Days **L** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Ernst Eggesiecker**

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

14. Maiden name **Charlotte**

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

16. (a) Informant **August H. Mueller**

(b) Address **Creve Coeur, Mo. R#1**

17. (a) **Burial** (b) Date thereof **3-3-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Pauls Ev. Cemetery**

18. (a) Signature of funeral director **Blummann Bros Inc.**

(b) Address **2504 Woodson Rd - Overland, Mo.**

19. (a) **3-3-47** (b) **Arthur J. Allen**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **28** year **1947** hour **3** minute **30** A. M.

21. I hereby certify that I attended the deceased from **April** 19**31**, to _____ 19____; that I last saw h. w. alive on **24 Feb** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardiac failure** Duration **minutes**
Due to **Hypertensive heart disease** **years**
Due to **93rd**

Other conditions (Include pregnancy within 3 months of death) _____

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? _____

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

23. Signature **Paul R. Whitener** (M. D. or other) **M.D.**

Address **8923 Midland, St. Louis** Date signed **28 Feb 47**

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

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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..... *Harold K. Brown*

Licensed Embalmer No..... *4337*

P. O. Address..... *Overland, Kan.*

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.