

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH  
 BUREAU OF THE CENSUS  
 FILED APR 14 1947

Registration District No. 317  
 Primary Registration District No. 3066

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town Kirkwood, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Neely Trailer Camp Rt. #66, Route 12, Box 56, Kirkwood, Mo.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 6 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County St. Louis 96  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Route 12, Box 56, Kirkwood, Mo.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Henry A. Mueller  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 3 year 1947 hour 8: minute 10 A. M.  
 21. I hereby certify that I attended the deceased from August 20, 1946, to Mar. 28, 1947; that I last saw him alive on Mar. 28, 1947; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Faye Foster Mueller  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased November 6, 1914  
 (Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Generalized Peritonitis Aug 20 1946  
 Due to \_\_\_\_\_  
 Due to Abdominal aortic left kidney?  
 Other conditions no  
 (Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	32	3	28	hr. min.

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

Major findings: Prognosis of gland in neck 8-30-46  
 Of operations \_\_\_\_\_  
 Of autopsy no

11. Industry or business Mechanical Repairs  
 12. Name Henry A. Mueller  
 13. Birthplace St. Louis, Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Clara Zwicke  
 15. Birthplace St. Louis, Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Faye Mueller  
 (b) Address Neely Trailer Camp  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/5/47  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Sunset Burial Park  
 18. (a) Signature of funeral director Beiderwieder F.H. Inc.  
 (b) Address 1936 St. Louis Avenue

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (b) Date of occurrence no  
 (c) Where did injury occur? (City or town) (County) (State) no  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? no  
 While at work? no (Specify type of place) (c) Means of injury no

19. (a) 4-7-47 (Date received local registrar) (b) Cecil R. [Signature] (Registrar's signature)

23. Signature Henry A. Mueller (M. D. or other) no  
 Address 508 N. Grand Blvd Date signed 4/1/47

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

MOTHER FATHER

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

