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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 8 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

38472
State File No. 10223
Registrar's No.

Registration District No. 318
Primary Registration District No. 700's

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:
ST. LOUIS CITY HOSPITAL
(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

3. (a) PRINT FULL NAME ALFRED MUELLER
3. (b) If veteran, name war NO
3. (c) Social Security No. 492-07-9222

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWER
6. (b) Name of husband or wife Myrtle Mueller
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPT. 25, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 1 29 _____ hr. _____ min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation CLERK

11. Industry or business CONTINENTAL GRAIN CO.

12. Name UNKNOWN
13. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN
15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. J. ROHRBACHER
(b) Address 3342 MISSOURI

17. (a) Removed (b) Date thereof 11-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Breckenridge, Mo

18. (a) Signature of funeral director Jeffrey B. Lasater
(b) Address 2727 S. Jefferson Ave

19. (a) NOV 25 1948
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3211 1/2 St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 24
year 1948 hour 12 minute 20 M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Thrombosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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

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)
(e) Means of injury _____
23. Signature Jeffrey B. Lasater (M. D. or other) _____
Address _____ Date signed 11/24/48

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

MOTHER FATHER

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 C. With

Licensed Embalmer No. 4353

P. O. Address 2929 So. Jefferson Av

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.