

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21472

State File No.

5498

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis <i>91</i>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>3</i>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overlandis <i>13</i>		d. STREET ADDRESS (If rural, give location) W.R. 3 Marrow Dr. Mason <i>1</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3327 S. Jefferson			3. NAME OF DECEASED a. (First) AUGUST b. (Middle) _____ c. (Last) MUELLER		4. DATE OF DEATH (Month) (Day) (Year) June 25 1949			
5. SEX Male <i>O</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <i>1</i>	8. DATE OF BIRTH May, 25, 1890		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 1	IF UNDER 12 HRS. Hours 1 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. <i>O</i>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Christian H. Mueller		13b. MOTHER'S MAIDEN NAME Anna Heinsius		14. NAME OF HUSBAND OR WIFE Margaretha Mueller				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Margaretha Mueller Venita Park ADDRESS 8213 Page Park				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic - Myocarditis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH about 10 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 930				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall				
22. I hereby certify that I attended the deceased from 6-23 , 19 49 , to 6-25 , 19 49 , that I last saw the deceased alive on 6-24 , 19 49 , and that death occurred at 5-9m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Walter E. Ullrich D. B. 3			23b. ADDRESS 3327 S. Jefferson Ave.			23c. DATE SIGNED 6-25-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/27/49	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			
DATE REC'D BY LOCAL REG. JUL 27 1949		REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Smith		ADDRESS 7456 Manchester Ave. Maplewood, Mo.		

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

Mut

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.