

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

22205

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6576</u>		Registrar's No. <u>22205</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Vinita Park</u>		c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Vinita Park</u>		<u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8227 Flora Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>8227 Flora Ave.</u>				
3. NAME OF DECEASED (Type or Print) <u>Caroline J. Wuellner</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH <u>May 27th, 1949</u>			5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 28th, 1868</u>		9. AGE (In years last birthday) <u>80</u>		
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Creve Coeur, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>		
13a. FATHER'S NAME <u>John H. Heckmann</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Buescher</u>			14. NAME OF HUSBAND OR WIFE <u>John E. Wuellner</u>		
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 ADDRESS <u>Emma B. Wuellner 8227 Flora Ave.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  INTERVAL BETWEEN ONSET AND DEATH <u>48 hr.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. DUE TO (b) <u>hypertensive cardiovascular disease</u> <u>15 yrs</u> <u>331X</u> <u>95d</u> DUE TO (c) <u>Generalized arteriosclerosis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Mediastinal masses</u>				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)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR						
22. I hereby certify that I attended the deceased from <u>Feb 1946</u> to <u>27 May 1949</u> , that I last saw the deceased alive on <u>21 May 1949</u> , and that death occurred at <u>7:12 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Clarence C. Mueller, M.D.</u>				23b. ADDRESS <u>684 N. Grand Blvd</u>		23c. DATE SIGNED <u>30 May 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/31/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram</u>		24d. LOCATION (City, town, or county) (State) <u>Creve Coeur, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-30-49</u>		REGISTRAR'S SIGNATURE <u>Thurmond L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kraeger-Voss 3402 N. Kingshighway</u>				

WRITE PLAINLY—USING 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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Eleonora Remick

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4283

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.