

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35430

State File No. _____

| | | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 9068 | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 1 day | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hosp. | | | | d. STREET ADDRESS (If rural, give location) 4041 Ashland Avenue | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Rev. John b. (Middle) F. c. (Last) Mueller | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 20, 1949 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 6/18/1868 | | |
| 9. AGE (In years last birthday) 81 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 10 Min. Hours _____ | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clergyman | | | 10b. KIND OF BUSINESS OR INDUSTRY Minister | | 11. BIRTHPLACE (State or foreign country) Germany | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Matthew Mueller | | | 13b. MOTHER'S MAIDEN NAME Unknown | | | 14. NAME OF HUSBAND OR WIFE Carrie Mueller | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Carrie Mueller ADDRESS 4041 Ashland Ave. | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac vascular disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ 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 _____ | | | | | | |
| 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) St. Louis (STATE) Mo | | | | |
| 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? Heart | | | | |
| 22. I hereby certify that I attended the deceased from 1946 , to 10-20, 1949 , that I last saw the deceased alive on 10-20, 1949 , and that death occurred at 8:30 pm. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Harry A. Klein, M.D. | | | | 23b. ADDRESS 5074 N. Union Blvd. | | 23c. DATE SIGNED _____ | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10/22/49 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo | | |
| DATE REC'D BY LOCAL REG. OCT 21 1949 | | REGISTRAR'S SIGNATURE J. B. Lasater | | 25. FUNERAL DIRECTOR'S SIGNATURE W. A. STOKK ADDRESS 2117 E. GRAND AVE. | | | | |

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

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.

Signed.....

Frank A. Moore

Signed.....

Student Embalmer

Licensed Embalmer No.

3041

P. O. Address.....

2117 E. Hill

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.