

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39099  
10210

FILED DEC 6 1949

State File No. ....

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR township) <b>ST. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. Louis</b>	
c. LENGTH OF STAY (in this place) <b>60 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>16-3713 WINNEBAGO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3713 WINNEBAGO</b>			

3. NAME OF DECEASED (Type or Print) <b>Joseph</b>	a. (First)	b. (Middle) f	c. (Last) <b>Mueller-Miller</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 25, 49</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>July 28, 1878</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Schoenberg Screen Co.</b>	11. BIRTHPLACE (State or foreign country) <b>HUNGARY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Joseph Mueller</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Goeller</b>	14. NAME OF HUSBAND OR WIFE <b>Katherine Mueller</b>
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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 <b>KATHERINE Mueller</b>	ADDRESS <b>3713 Winnebag</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the rectum</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>46</b>
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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? <b>154X</b>
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22. I hereby certify that I attended the deceased from **Nov 2, 1949**, to **Nov 26, 1949**, that I last saw the deceased alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred at **7:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>George Stecker</b>	23b. ADDRESS <b>634 N. Grand</b>	23c. DATE SIGNED <b>4/25/49</b>
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24a. BURIAL/CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Nov 28, 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>NOV 29 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Bauer</b>	25. EMERALD DIRECTOR'S SIGNATURE <b>Thomas R. ...</b>	ADDRESS <b>2906 Travis</b>
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WRITE PLAINLY—USING UNFADING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Leo J. Budde*

Signed.....

Student Embalmer

Licensed Embalmer No. *3989*

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.