

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28488
Registrar's No. 7537

FILED SEP 15 1950

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

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) St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hospital,		e. STREET ADDRESS (If rural, give location) 3913 Gustine Ave.,	
3. NAME OF DECEASED a. (First) Louise b. (Middle) Mueth c. (Last) Mueth			4. DATE OF DEATH (Month) (Day) (Year) September 3, 1950
5. SEX Female,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,	8. DATE OF BIRTH February 3, 1871
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,	11. BIRTHPLACE (State or foreign country) Floraville, Illinois, /
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Sauzek,		13b. MOTHER'S MAIDEN NAME Elizabeth Zeis,	14. NAME OF HUSBAND OR WIFE Joseph Mueth (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wallace P. Mueth, 5440 Milentz 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic hypertensive heart disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i> 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 <i>None</i>		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 OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>H/3X</i>	
22. I hereby certify that I attended the deceased from <i>May 1, 1950</i> , to <i>9-3, 1950</i> , that I last saw the deceased alive on <i>9-3, 1950</i> , and that death occurred at <i>9:10 p. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Decker M. Smith</i>		23b. ADDRESS <i>4145 So. Grand</i>	23c. DATE SIGNED <i>9/5/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial, /</i>	24b. DATE <i>Sept. 6, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>SS. Peter & Paul Cemetery,</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>
DATE REC'D BY LOCAL REG. <i>SEP 5 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Fursten</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</i>	

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

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.