

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5147
Registrar's No. 9

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594

500 \$
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-MERAMEC
c. LENGTH OF STAY (In this place) 3 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill Inf.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO: b. COUNTY ST. LOUIS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEMAY 4000
d. STREET ADDRESS (If rural, give location) R8 BOX 2445

3. NAME OF DECEASED
a. (First) GREGOR b. (Middle) MUELLER c. (Last) MUELLER
4. DATE OF DEATH (Month) (Day) (Year) 2 3 1951

5. SEX MO 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH 2/15/1857 9. AGE (In years last birthday) 93 10. MONTHS 11 11. DAYS 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER 10b. KIND OF BUSINESS OR INDUSTRY BUILDING CONSTRUCTION 11. BIRTHPLACE (State or foreign country) MATTESE MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME GREGOR MUELLER 13b. MOTHER'S MAIDEN NAME VICTORIA HUNT 14. NAME OF HUSBAND OR WIFE NONE

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 Bro. Paschal, St. Joseph's Hill

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC INSUFFICIENCY
ANTECEDENT CAUSES DUE TO (b) CHRONIC MYOCARDITIS DUE TO (c) GENERALIZED ARTERIO-SCLEROSIS.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SCLEROSIS.
INTERVAL BETWEEN ONSET AND DEATH 4-2-1

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1950, to 1/26, 1951, that I last saw the deceased alive on 1/26, 1951, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. Mardel MD (Degree or title) 23b. ADDRESS 4323 ROLAND DRIVE 2/4/51 23c. DATE SIGNED

24a. BIRTH, CREMATION, REMOVAL (Specify) Buried 24b. DATE 2/7/1951 24c. NAME OF CEMETERY OR CREMATORY Assumption Cem 24d. LOCATION (City, town, or county) (State) St. Louis MO

DATE REC'D BY LOCAL REG. Feb-10-51 REGISTRAR'S SIGNATURE Ruth Jisco 438 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Fendler 7128 Michigan St. Louis MO

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 2-18-51

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.....

Ronald Yaluke

Signed.....
Student Embalmer

Licensed Embalmer No. *3917*

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.