

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6909

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>355</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>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		4100		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 10 Box 352</u>				
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>Mueller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 5 51</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Aug. 29, 1866</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Adam Kuhn</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Dick</u>			14. NAME OF HUSBAND OR WIFE <u>Sebastian Mueller (Dec'd)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Mueller Rt. 10, Box 352 Ferguson 0</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>Ca of Stomach</u> ANTECEDENT CAUSES <u>Multiple Impacts of Intestines</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mesenteric thrombosis(?)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ASND GENERALIZED ARTEROSCLEROSIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>2-3, 1951</u> , to <u>2-5</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2-5</u> , 19 <u>51</u> , and that death occurred at <u>8 15 A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Robert P. Pfeiffer MD</u>				23b. ADDRESS <u>631 S. Brentwood, Clayton Mo.</u>		23c. DATE SIGNED <u>2-5-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 8, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Florissant, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2/7/51</u>		REGISTRAR'S SIGNATURE <u>Robert P. Donahue MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel 118 N. Florissant Rd.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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 _____

L. M. White

Signed.....

Student Embalmer

Licensed Embalmer No. *3953*

P. O. Address *Ferguson St.*

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.