

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18721

FILED MAY 17 1951

State File No. ....

REG. DIST. NO. 318

1003

Registrar's No. 4346

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. 4346	
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) 30 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO. 2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) GATESWORTH HOTEL. 245 Union			
3. NAME OF DECEASED (Type or Print) a. (First) BERTHA		b. (Middle) MUELLER.		c. (Last) WEBER		4. DATE OF DEATH (Month) (Day) (Year) MAY 6, 1951	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED. <input checked="" type="checkbox"/>		8. DATE OF BIRTH JULY 26, 1880.	
9. AGE (In years last birthday) 70.		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME PHILLIP MUELLER.		13b. MOTHER'S MAIDEN NAME ELISE STAERNAGLE.		14. NAME OF HUSBAND OR WIFE ALBERT WEBER.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS SIDNEY A. WEBER, ST. LOUIS, MO.			
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) PULMONARY EMBOLUS  ANTECEDENT CAUSES HYPERTENSIVE CARCIOVASCULAR DISEASE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (b) _____ DUE TO (c) VARICOSE VEINS OF LEGS  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. carcinoma of colon				INTERVAL BETWEEN ONSET AND DEATH 15 MIN.  years  2 yrs.	
19a. DATE OF OPERATION 4/25/51		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF DECENDING COLON				20. AUTOPSY? YES <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H43X			
22. I hereby certify that I attended the deceased from APRIL 6, 1951, to MAY 6, 1951; that I last saw the deceased alive on MAY 6, 1951, and that death occurred at 6:09 p.m., from the causes and on the date stated above.							
23a. SIGNATURE F. R. Bradley MD				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 5/6/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) ENT OMBINET.		24b. DATE 5/9/51.		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE MAUSOLEUM.		24d. LOCATION (City, town, or county) (State) 7800 ST. CHARLES ROAD.	
DATE RECD. BY LOCAL REG. MAY 8 1951		REGISTRAR'S SIGNATURE J. B. Parster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. LUPTON & SONS, 7233 DELMAR BLVD.,			

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.....  
Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

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.