

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21354

State File No. 5377

FILED JUN 23 1951

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1005 Registrar's No. _____

| | | | |
|--|--------------------|--|---|
| 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) 10 yrs | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2436 South Third Street | | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239 | |
| f. STREET ADDRESS 2436 South Third Street | | g. (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LAURIE (LARRY) b. (Middle) ADELA c. (Last) MUELLER | | 4. DATE OF DEATH (Month) (Day) (Year) June 11, 1951 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M / | 8. DATE OF BIRTH Mar. 17, 1896 |
| 9. AGE (In years last birthday) 55 | | 10. MONTHS 0 | 11. BIRTHPLACE (State or foreign country) Washington County, Missouri |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | |
| 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13a. FATHER'S NAME Louis Rouleau | | 13b. MOTHER'S MAIDEN NAME Elnora Emily | |
| 14. NAME OF HUSBAND OR WIFE Henry | | | |
| 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 Henry Mueller | | ADDRESS 2436 So. 3rd Street | |
| 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) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Virus Infection DUE TO (c) Nephritis Chronic | |
| 19. INTERVAL BETWEEN ONSET AND DEATH 1950 April 1951 / 24 1949 | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 592X | | | |
| 22. I hereby certify that I attended the deceased from 6-2-1950, to May 31, 1951, that I last saw the deceased alive on May 31, 1951, and that death occurred at 5:30 a.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Lora E. Ellison M.D. | | 23b. ADDRESS 3610 So Broadway, St Louis | |
| 23c. DATE SIGNED JUN 12 1951 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6-14-51 | |
| 24c. NAME OF CEMETERY OR CREMATORY Calvary | | 24d. LOCATION (City, town, or county) (State) Deoto, Missouri | |
| DATE REC'D BY LOCAL REG. JUN 12 1951 | | REGISTRAR'S SIGNATURE J. B. Raster | |
| 25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin | | ADDRESS 2501 Lafayette Avenue | |

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

Dr. Leroy Ellison
3610 So. Broadway

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

N. G. Harris

Licensed Embalmer No. *3384*

P. O. Address *St. Louis*

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.