

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39486

State File No. 10327

FILED DEC 1 1951

318

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 1002 Registrar's No. 10327

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2001a E. Prairie Avenue		d. STREET ADDRESS (If rural, give location) 2001a E. Prairie Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTIAN b. (Middle) JOHN c. (Last) MUELLER		4. DATE OF DEATH (Month) (Day) (Year) November 18, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH December 17, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Supt.		10b. KIND OF BUSINESS OR INDUSTRY Majestic Range,	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri D
13a. FATHER'S NAME John Mueller		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Mary Mueller, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. 488-18-17574	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Sloan Mueller, 2001a E. Prairie Ave
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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) Coronary Insufficiency		INTERVAL BETWEEN ONSET AND DEATH 3 hours
ANCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Aortic Aneurysm (Generalized)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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? H201

22. I hereby certify that I attended the deceased from 8:05 19 34 to 11/18, 1951, that I last saw the deceased alive on 11/18, 1951, and that death occurred at 6:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Emil Eibov</i>	23b. ADDRESS 5329 Kew-Forest Blvd	23c. DATE SIGNED 11/19/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-21-51	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery St. Louis, Missouri	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. NOV 20 1951	REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D., R.P.</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. A. Stock, 2117 E. Grand Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr S. H. LEIBOV

5329 Riverwood Blvd.

MO 0808

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

Frank A. Moore

13041
Licensed Embalmer No. -----

P. O. Address *2117 E. Main*

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.