S. No. 300
v. 10.48

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

FILED MAR 24 1952

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 10363

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2054

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2239
d. STREET ADDRESS (If rural, give location) 2120 OREGON 23 0

**3. NAME OF DECEASED** (Type or Print)
a. (First) WILLIAM
b. (Middle)
c. (Last) MUELLER

**4. DATE OF DEATH** (Month) MAR. (Day) 1, (Year) 1952

**5. SEX** MALE 0
**6. COLOR OR RACE** WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED 1
**8. DATE OF BIRTH** SEPT 13 1874
**9. AGE** (In years last birthday) 77 | 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) PAINTER
**10b. KIND OF BUSINESS OR INDUSTRY** RETIRED
**11. BIRTHPLACE** (State or foreign country) MISSOURI 0
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** JACOB MUELLER
**13b. MOTHER'S MAIDEN NAME** ELIZABETH SPRAUER
**14. NAME OF HUSBAND OR WIFE** EFFIE MUELLER

**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.** NONE
**17. INFORMANT'S SIGNATURE OR NAME** MRS WILLIAM MARR **ADDRESS** 2120 OREGON

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriolar Nephrosclerosis
DUE TO (c) Rheumatoid Arthritis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 446X

22. *I hereby certify that I attended the deceased from* 2-20-52, *19*____, *to* 3-1-52, *19*____, *that I last saw the deceased alive on* 3-1-52, *19*____, *and that death occurred at* 11:30A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** F. Catanzaro M.D. (Degree or title)
**23b. ADDRESS** 1515 Lafayette Avenue
**23c. DATE SIGNED** 3-3-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL
**24b. DATE** MAR 5 1952
**24c. NAME OF CEMETERY OR CREMATORY** ST. MATTHEWS CEM.
**24d. LOCATION** (City, town, or county) ST. LOUIS. (State) MO.

DATE REC'D BY LOCAL REG. MAR 4 1952
REGISTRAR'S SIGNATURE J Carl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** Thomas Curtis **ADDRESS** 2906 Gravois
M.B. (Licensed Embalmer's Statement on Reverse Side)

## 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 Leo J. Budde

Licensed Embalmer No. 3989

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.