

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10364

State File No.

1874

FILED MAR 22 1952

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Dr. Louis Mo.</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Dr. Louis 2259</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>No 55-1</i>				d. STREET ADDRESS (If rural, give location) <i>25 10. No. 10</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>William H.</i> b. (Middle) <i>Mueller</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>2-5-52</i>				
5. SEX <i>Male</i>	6. COLOR OF RACE	7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>		8. DATE OF BIRTH <i>1882</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>T. G. Sawyer 1300 Clark</i>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES DUE TO (b) <i>1. Pulmonary Oedema</i> DUE TO (c) <i>2. Cardiac Hypertrophy</i>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>3. Regional Dystonia</i>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>572.0</i>			
22. I hereby certify that I attended the deceased from <i>1/29</i> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.							
23a. SIGNATURE <i>Joseph M. Freeman</i> (Degree or title)				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>2/15/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>2-29-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		
DATE REC'D BY LOCAL REG. FEB 27 1952		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Rowland Mortuary Service</i> <i>4104 Manchester Ave.</i>			

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 _____

Students of Mortuary College Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *James A. Lammers* _____
Licensed Embalmer No. *4142* _____

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.