

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11091

State File No. ....

No. 300

10.48

REC'D MAR 19 1952

511

4464 Registrar's No. 135

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Saint Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		c. LENGTH OF STAY (In this place) Unknown		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland 424X			
d. FULL NAME OF HOSPITAL OR INSTITUTION 9729 Lackland Road, 14,				d. STREET ADDRESS (If rural, give location) 9729 Lackland Road, 14, 0			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) P.		c. (Last) Mueller		4. DATE OF DEATH (Month) (Day) (Year) January 16th, 1952	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7		8. DATE OF BIRTH January 10th, 1881		9. AGE (In years last birthday) 71 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) Retired Clothing Cutter New Era Shirt Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri U		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Mueller		13b. MOTHER'S MAIDEN NAME Gertrude Heil		14. NAME OF HUSBAND OR WIFE Ida R. Mueller nee Krausnick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida R. Mueller, 9729 Lackland Road, 14,			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Calcium & Artery of Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 153X					
19a. DATE OF OPERATION Dec 5, 1951		19b. MAJOR FINDINGS OF OPERATION Ca of Calcium; General Carcinomatous				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12-1-1951, to 1-16-1952, that I last saw the deceased alive on 1-15-1952, and that death occurred at 9:05A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herman J. Kessler MD				23b. ADDRESS 962, Lackland Rd.		23c. DATE SIGNED 1-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 7		24b. DATE 1/19/52		24c. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. 1-17-52		REGISTRAR'S SIGNATURE Herbert R. Domb MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

5c

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

Dr. H. J. Kloecker,  
9621 Lockland Rd.,  
Overland

Mi. 1855

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 John A. Milner  
Licensed Embalmer No. 4186

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.