

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13985**

FILED MAY 10 1952

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u> Registrar's No. <u>142</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST LOUIS</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural - St. Francois Farmington Twp.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Semary</u>		4890
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 4</u>			d. STREET ADDRESS (If rural, give location) <u>9137 So Bdwg - 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u>		b. (Middle)	c. (Last) <u>Mueller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 30, 1952</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>July 22 1922</u>	9. AGE (In years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Charles Mueller</u>		13b. MOTHER'S MAIDEN NAME <u>Anita Schnellman</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-20-9047</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas Mueller</u>		ADDRESS <u>9137 A. S. Bdwg Lemay Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia - - - - -</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Continuous convulsions due to epilepsy Sev. year</u></p> <p>DUE TO (c) <u>Epilepsy with psychosis</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>		
			Sev. years		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>490x</u>			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?			
22. I hereby certify that I attended the deceased from <u>April 16</u> , 19 <u>52</u> , to <u>April 30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>April 30</u> , 19 <u>52</u> , and that death occurred at <u>6:10A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>[Signature]</u>			23b. ADDRESS <u>State Hospital. No. 4 Farmington, Missouri</u>		23c. DATE SIGNED <u>4-30-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 2 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 30, 1952</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Fendler Und. 7420 Michigan Ave.</u>		

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

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MAY 10 1952

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

Oliver E. Fendley

Licensed Embalmer No. 4148

P. O. Address H. Jones M.

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.