

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22413**
Registrar's No. **5416**

No. 300
10-48

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. **27 1952**

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

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 MO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2237	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 23 2811 - VICTOR	
3. NAME OF DECEASED (Type or Print) a. (First) LEOPOLD b. (Middle) - c. (Last) MUELLER		4. DATE OF DEATH (Month) (Day) (Year) JUNE 11 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 15 1867
9. AGE (In years last birthday) 84		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JOHN MUELLER		13b. MOTHER'S MAIDEN NAME ELIZABETH KRAUSE	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ANNA MOELLER ADDRESS 2811 - VICTOR	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage on pulmonary embolism infarct. 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Just home	
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 checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR		331X	
22. I hereby certify that I attended the deceased from 6/9 , 19 52 , to 6/11/52 , 19 52 , that I last saw the deceased alive on 6/9/52 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Roger Beyer		23b. ADDRESS 3203 S. Grand	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE JUNE 14 1952		24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL	
24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutia ADDRESS 2906 Gravois	
DATE REC'D BY LOCAL REG. JUN 12 1952		REGISTRAR'S SIGNATURE Carl Smith MO	

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 James E. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

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.