

S. No. 300  
v. 10:48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36056

FILE NOV 8 1952

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 2058 Registrar's No. 228

1923

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

1. PLACE OF DEATH a. COUNTY St. Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (in this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN O'Fallon Rural 1920		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph HOSPITAL						
3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) Paul c. (Last) Mueller			4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1952			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 13 1901		9. AGE (In years last birthday) 51 Months 8 Days 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY stock & grain	11. BIRTHPLACE (State or foreign country) O'Fallon Mo. Rural		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Wm. Mueller		13b. MOTHER'S MAIDEN NAME Heine	14. NAME OF HUSBAND OR WIFE Mrs. Helen Mueller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Mueller O'Fallon Mo.			
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) Cerebral Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis (L) DUE TO (c) Malignant Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. generalized arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332X				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 Nov 1, 1952, to Nov 3, 1952, that I last saw the deceased alive on Nov. 3, 1952, and that death occurred at 1:30 p. m., from the causes and on the date stated above.						
23a. SIGNATURE George R. Searles M.D. (Degree or title)			23b. ADDRESS O'Fallon Mo.		23c. DATE SIGNED 11-4-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 7 1952	24c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery	24d. LOCATION (City, town, or county) (State) St. Paul Mo.			
DATE REC'D BY LOCAL REG. 11-6-52	REGISTRAR'S SIGNATURE Farnice [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] O'Fallon Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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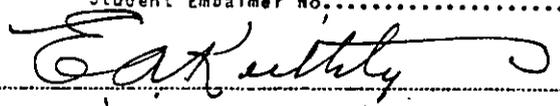
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....



Signed.....  
Student Embalmer

Licensed Embalmer No..... 822

P. O. Address..... O'Fallon 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.