

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

36690

No. 300

No. 48

State File No.

NOV 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9433**

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,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2089	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Altenheim		e. STREET ADDRESS (If rural, give location) 8721 Halls Ferry Road	

3. NAME OF DECEASED (Type or Print)	a. (First) Martha	b. (Middle) Mueller	c. (Last) Mueller	4. DATE OF DEATH (Month) (Day) (Year)
				Oct. 12 1952

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 1-1867	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 24 HOURS Hours	IF UNDER 24 MIN Minutes
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Magdeburg Germany 4	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Gebbers	13b. MOTHER'S MAIDEN NAME Sophie ???	14. NAME OF HUSBAND OR WIFE Emil Mueller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If you, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. W. Meyer 8721 Halls Ferry Road
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 1/2 5 1/2
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis 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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) SI	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 4222
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22. I hereby certify that I attended the deceased from **1948**, 19___, to **Oct 9**, 19**52**, that I last saw the deceased alive on **Oct 9**, 19**52**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lola J. Brown	23b. ADDRESS 8209 1/2 Bonanza Way	23c. DATE SIGNED 10-13-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct-14-1952	24c. NAME OF CEMETERY OR CREMATORY Concordia	24d. LOCATION (City, town, or county) (State) 4209 Bates Street. St. Louis
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DATE REC'D BY LOCAL REG. OCT 14 1952	REGISTRAR'S SIGNATURE J. Paul Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc. 1936 St. Louis Ave
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John J. Kriepin

Licensed Embalmer No. 3497

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.