No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43670

FILED DEC 24 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11132

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, Missouri
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2159
d. STREET ADDRESS (If rural, give location): 15 1006 Walsh St.

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle):
c. (Last): MUELLER

4. DATE OF DEATH (Month) (Day) (Year): DECEMBER 2, 1952

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: June 8, 1885

9. AGE (In years last birthday): 67 — 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): Steel & Iron Inspector-R.W.Hunt Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME: George Mueller

13b. MOTHER'S MAIDEN NAME: Clara Rudloff

14. NAME OF HUSBAND OR WIFE: Emma Mueller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Emma Mueller 3906 Hereford St.

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) Subarachnoid hemorrhage

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 330X

22. *I hereby certify that I attended the deceased from* 11-26-52, 19___, *to* 12-2-52, 19___, *that I last saw the deceased alive on* 12-2-52, 19___, *and that death occurred at* 11:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE William R. Cole (Degree or title) 0

23b. ADDRESS: 1515 Lafayette Avenue

23c. DATE SIGNED: 12-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Dec.6,1952

24c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park

24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: DEC 3 1952

REGISTRAR'S SIGNATURE: J. Carl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kriegshauser 4228 S.Kingshighway Bl

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D. M. Hennett

Licensed Embalmer No. 3024

P. O. Address _____

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.