

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

S. No. 300
V. 10.48

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11176**

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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2515 Arlington Avenue		d. STREET ADDRESS (If rural, give location) 2515 Arlington Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) William c. (Last) Mueller		4. DATE OF DEATH (Month) (Day) (Year) 12-3 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-11-1902
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent		10b. KIND OF BUSINESS OR INDUSTRY Prudential Ins.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis (1)
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Albert Mueller	13b. MOTHER'S MAIDEN NAME Anna Foerster	14. NAME OF HUSBAND OR WIFE Gertrude Mueller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gertrude Mueller, 2515 Arlington

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) Carbon monoxide Poisoning ANTECEDENT CAUSES when deceased was found lying on his back in the trunk compartment of his 1951 Plymouth sedan with a piece of garden hose attached from the exhaust pipe and leading up into II. OTHER SIGNIFICANT CONDITIONS compartment in Dec 3 1952 at about 5:10 pm Suburb while suffering from temporary mental aberration		INTERVAL BETWEEN ONSET AND DEATH AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			
20a. ACCIDENT SUICIDE HOMICIDE Suicide	20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Garage	20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 3 5:52 50	21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21c. HOW DID INJURY OCCUR? E9731		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:10 p.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner		23b. ADDRESS 1300 Leach	23c. DATE SIGNED 12.4.52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/5/52	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
DATE REC'D BY LOCAL REG. DEC 4 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.	

WRITE PLAINLY—USING UNFADING 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 _____

Albert R. Thompson

Licensed Embalmer No. _____

P. O. Address _____

64297
H. Davis

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.