

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33768

State File No.

FILED OCT 15 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8998

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> <u>2069</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis, Missouri</u>) c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>6 5102a Lotus Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>		b. (Middle) <u>---</u>		c. (Last) <u>MUELLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 15, 1953</u>		5. SEX <u>Male</u> <input type="checkbox"/> <u>Female</u> <input type="checkbox"/>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 26, 1873</u>		9. AGE (In years last birthday) <u>80</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Food</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown Althage</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Mueller</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Mueller-5102a Lotus Ave.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis.</u> ANTECEDENT CAUSES <u>Carcinoma of Throat</u> 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 <u>Hepatic failure</u> Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>6 yrs</u> <u>1 month</u>		19. DATE OF OPERATION _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>148X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 <u>9-11-53</u> , 19 <u>53</u> , to <u>9-15-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-15-53</u> , 19 <u>53</u> , and that death occurred at <u>11:05A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Stanley S. Brown, M.D.</u> (Degree or title)		23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>9-15-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Crementation</u>		24b. DATE <u>9/18/53.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		24e. DATE REC'D BY LOCAL REG. <u>SEP 17 1953</u>		24f. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Feutz</u>		ADDRESS <u>4828 Natural Bridge Blvd.</u>			

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.....
Signature of Student Embalmer

Signed..... *Royal E. Linder*

Licensed Embalmer No. *427*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.