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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36425

FILED NOV 9 - 1953

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lincoln County Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St.Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural(Callaway) 0920 /
d. STREET ADDRESS (If rural, give location): 2 Miles West of New Melle,Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): none
c. (Last): Muller

4. DATE OF DEATH (Month) (Day) (Year): October 31,1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: March 8,1876

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 7, Days 23 — IF UNDER 1 HR.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tarrif manager

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and State or Foreign Country): Illinois /

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Antoine Muller

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Deceased

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.: None

17. INFORMANT'S SIGNATURE OR NAME: Amy Jones — ADDRESS: Wentzville, 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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 4 yrs.
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 332X

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?

22. *I hereby certify that I attended the deceased from* 10-20, 1953, *to* 10-31, 1953, *that I last saw the deceased alive on* 10-30, 1953, *and that death occurred at* 8:10 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Borgesen D.O.

23b. ADDRESS: Wentzville, Mo.

23c. DATE SIGNED: 11-2-53

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

24b. DATE: Nov.3,1953

24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus

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

DATE REC'D BY LOCAL REG.: Nov 6-53

REGISTRAR'S SIGNATURE: Emma B. Riddle 162

25. FUNERAL DIRECTOR'S SIGNATURE: Morris Mackey — ADDRESS: Wentzville, Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 15 1954

DEC 23 1953

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 Howard O Rissler

Licensed Embalmer No. 4637

P. O. Address Wentzville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.