

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6602**  
Registrar's No. **1373**

FILED MAR 4 1954

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri,</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis,</b>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis,</b>		d. STREET ADDRESS (If rural, give location) <b>15 5401 Tennessee Ave.,</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5401 Tennessee Ave.,</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 11, 1954</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b>			b. (Middle) _____	c. (Last) <b>Mueller,</b>	5. SEX <b>Female,</b>
6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single.</b>	8. DATE OF BIRTH <b>July 22, 1868</b>		9. AGE (In years last birthday) <b>85</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home,</b>
10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	13a. FATHER'S NAME <b>Egidius Mueller,</b>	
13b. MOTHER'S MAIDEN NAME <b>Eva Frank,</b>	14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		
16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Julia Messmer,</b>		ADDRESS <b>5401 Tennessee Ave.,</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Cardio Renal</b>  ANTECEDENT CAUSES <b>Vascular Disease &amp; Failure</b> 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 <b>3 years</b>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
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? <b>442X</b>			
22. I hereby certify that I attended the deceased from <b>4-20, 1951,</b> to <b>2-11, 1954,</b> that I last saw the deceased alive on <b>2-10, 1954,</b> and that death occurred at <b>2:50 P.m.,</b> from the causes and on the date stated above.					
23a. SIGNATURE <b>Robert A. Brannon, M.D.</b>		(Degree or title)	23b. ADDRESS <b>5417 South Grand</b>		23c. DATE SIGNED <b>2-12-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <b>2/15/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery,</b>	24d. LOCATION (City, town, or county) <b>LeMay, Mo.</b>	(State) _____	
DATE REC'D BY LOCAL REG. <b>FEB 18 1954</b>	REGISTRAR'S SIGNATURE <b>J. Caldwell Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gebken-Benz Mortuary,</b>	ADDRESS <b>2842 Meramec St., St. Louis, 18, Mo.</b>		

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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Joe B. Benz*  
Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.,  
St. Louis, 18, 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.