

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7365

State File No.

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 265

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ellisville		c. CITY OR TOWN KIRK WOOD 697 4	
c. LENGTH OF STAY (in this place) 1 MONTH		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sunset Sanitarium		e. STREET ADDRESS (If rural, give location) 438 E. Bodley Ave	

3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) John c. (Last) Mueller			4. DATE OF DEATH (Month) (Day) (Year) 1-28-1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-11-1880	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 Min. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesmanager		10b. KIND OF BUSINESS OR INDUSTRY National Candy Co		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Frederick Mueller		13b. MOTHER'S MAIDEN NAME Henrietta Cecelia		14. NAME OF HUSBAND OR WIFE SINGLE	
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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. 489-07-5625		17. INFORMANT'S SIGNATURE OR NAME Lusline Mueller		ADDRESS 5054 Idaho Ave	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* CHRONIC NEPHRITIS WITH UREMIA		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO CHRONIC MYOCARDITIS		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS		

19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION 4221		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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?	

22. I hereby certify that I attended the deceased from DEC. 1, 1953, to JAN. 28, 1954, that I last saw the deceased alive on JAN. 28, 1954, and that death occurred at 5:00 PM the causes and on the date stated above.

23a. SIGNATURE B. P. Loving, M.D.		23b. ADDRESS BALLWIN, MO.		23c. DATE SIGNED 1.29.54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-30-1954		24c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard		24d. LOCATION (City, town, or county) (State) 7600 Rock Hill Road Mo	
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DATE REC'D BY LOCAL REG. 1/29/54		REGISTRAR'S SIGNATURE Herbert R. Amke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Biegenbaum		ADDRESS 6409 Gravois Ave	
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(Licensed Embalmer's Statement of Reverse Side)

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

No. 300
10-4-53
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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.....
Lawrence M. Seymour

Licensed Embalmer No..... 431

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.