

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29879**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1051**

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Buchanan</b>                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |
| b. CITY OR TOWN<br><b>St. Joseph</b>                               |  | c. CITY OR TOWN<br><b>St. Joseph</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1709 S. 26th St.</b> |  | e. STREET ADDRESS (If rural, give location)<br><b>1709 S. 26th St.</b>   |  |

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|---|-------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Louise</b> | b. (Middle) <b>Anna</b> | c. (Last) <b>Mueller</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Sept. 30, 1954</b> |
|---|-------------------------|--------------------------|--|

|                         |                                  |  |  |   |  |  |
|-------------------------|----------------------------------|--|--|---|--|--|
| 5. SEX<br><b>female</b> | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>October 6, 1865</b> | 9. AGE (In years last birthday) <b>88</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 1 HR.<br>Hours _____ Min. _____ |
|-------------------------|----------------------------------|--|--|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>housewife</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>own home</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Bern Switzerland</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
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| 13a. FATHER'S NAME<br><b>Daniel Egger</b> | 13b. MOTHER'S MAIDEN NAME<br><b>unknown Kohler</b> | 14. NAME OF HUSBAND OR WIFE<br><b>John</b> |
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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)<br><b>no</b> | 16. SOCIAL SECURITY NO.<br><b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. C. H. Klawuhn, 1709 S. 26th, St. Joseph, Mo.</b> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |                | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>   |                | <b>2 Days</b>                    |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic Nephritis</b><br>DUE TO (c) _____ |                | <b>?</b>                         |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Broken Hip</b>   |  | <b>7-16-54</b> |                                  |

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|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>592 X F</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|---|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>Accident</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>St. Joseph Buchanan Missouri</b> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>July 17, 1954 ? A m.</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>Fell in home.</b> |
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22. I hereby certify that I attended the deceased from **July 16, 1954**, to **Sept 30, 1954**, that I last saw the deceased alive on **9-30**, 1954, and that death occurred at **12:24 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title)<br><b>Phyllis L. Bradley Do</b> | 23b. ADDRESS<br><b>2801 1/2 Francis St. City</b> | 23c. DATE SIGNED<br><b>10-1-54</b> |
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|  |                               |   |  |
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| 24a. BURIAL OR CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>10/2/1954</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Joseph, Missouri</b> |
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| DATE REC'D BY LOCAL REG.<br><b>Oct 5, 1954</b> | REGISTRAR'S SIGNATURE<br><b>Kathleen M. Allison</b> | 485 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Heaton-Bauman St. Joseph, Mo.</b> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *William Spalding*

Licensed Embalmer No. 453

P. O. Address 395 10<sup>th</sup> St

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.