

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9984

State File No. 2917

FILED APR 11 1955

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 Weeks		e. STREET ADDRESS (If rural, give location) 26 3328A Blair Ave. 2267	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Harry	b. (Middle) A	c. (Last) Mueller	4. DATE OF DEATH (Month) (Day) (Year) March 29 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 31, 1908	9. AGE (In years last birthday) 46	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur	10b. KIND OF BUSINESS OR INDUSTRY Carling Brewery	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Henry J. Mueller	13b. MOTHER'S MAIDEN NAME Anna Brand	14. NAME OF HUSBAND OR WIFE Iola Mueller
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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. 493-03-2808	17. INFORMANT'S SIGNATURE OR NAME Iola Mueller	ADDRESS 3328A Blair
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>metastatic carcinoma brain</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma of mediastinum</i> DUE TO (c) <i>None</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>None</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? <i>164X</i>
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22. I hereby certify that I attended the deceased from *Jan 16, 1954*, to *Mar 29, 1955*, that I last saw the deceased alive on *Mar 29, 1955*, and that death occurred at *5:45 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. E. Oppenheimer, M.D.</i>	23b. ADDRESS <i>508 N. Grand Blvd., St. Louis 10, Mo</i>	23c. DATE SIGNED <i>Mar 31, 1955</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 1, 1955	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. MAR 31 1955	REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Chas. Maynard Sons, Inc.</i>	ADDRESS <i>3934 N. 20th St.</i>
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E.P. (Licensed Embalmer's Statement on Reverse Side)

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 *Gustav W. Dietrich*

Licensed Embalmer No... *432*

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.