

FILED AUG 2 - 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **24145**
Registrar's No. **5736**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** _____

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	
c. LENGTH OF STAY (In this place)		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Park Lane Hospital		e. STREET ADDRESS (If rural, give location) 3 6755 Devonshire Ave	
3. NAME OF DECEASED a. (First) Richard b. (Middle) Henry c. (Last) Mueller			4. DATE OF DEATH 7-2-1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-21-1888
9. AGE (In years last birthday) 67	# UNDER 1 MONTHS	# UNDER 1 YEAR	# UNDER 5 MINS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Mail Carrier	11. BIRTHPLACE (City and State or Foreign Country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Peter Mueller	13b. MOTHER'S MAIDEN NAME Louise Hermann	14. NAME OF HUSBAND OR WIFE Louise Mueller	
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. 495-16-0085	17. INFORMANT'S SIGNATURE OR NAME Louise Mueller	
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.		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis and Dilatation of the heart.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) heart.			
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	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? 4222	
22. I hereby certify that I attended the deceased from 6-24 , 19 55 , to 7-2 , 19 55 , that I last saw the deceased alive on 7/2 , 19 55 , and that death occurred at 10:15 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <i>Henry J. Smith</i>		23b. ADDRESS 4930 Lindell Blvd.	23c. DATE SIGNED 7-4-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-6-1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Evergreen Cemetery	24d. LOCATION (City, town, or county) (State) Hillstadt Illinois Ill
DATE REC'D BY LOCAL REG. JUL 5 1955	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Moore & Ziemer Bros</i>	
		ADDRESS 6409 Bravo	

(Licensed Embalmer's Statement on Reverse Side)

due

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..... *Van M. Simon*

Licensed Embalmer No..... *He*

P. O. Address..... *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.