

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6967

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 01745

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MISSOURI PACIFIC HOSPITAL 14. STREET ADDRESS (If rural, give location) 14 5817 FYLER 21710

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) THERESA c. (Last) MUELLER 4. DATE OF DEATH (Month) (Day) (Year) 2 16 56

5. SEX F 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 8. DATE OF BIRTH 11-27-1870 9. AGE (In years last birthday) 85 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 48 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEMORANDUM 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME PATRICK TERRELL 13b. MOTHER'S MAIDEN NAME MARY MURPHY 14. NAME OF HUSBAND OR WIFE LATE GEORGE D. 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. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MABEL M. MUELLER 5817 FYLER AVE.

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 (a) BRONCHIO PNEUMONIA MEDICAL CERTIFICATION
ANTECEDENT CAUSES DUE TO (b) CARDIAC FAILURE
Morbid conditions, if any, giving rise to the above cause, by stating the underlying cause last. DUE TO (c) GENERALISED ARTERIOSCLEROSIS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. COLLE'S FRACTURE LEFT WRIST
INTERVAL BETWEEN ONSET AND DEATH 2/14/56
11/26/55
7/46
2-4-56

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 450.0F 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from JULY 1946 to FEB 16 1956, that I last saw the deceased alive on FEB 16, 1956, and that death occurred at 10:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Charles E. ... 23b. ADDRESS 2838 S. Grand Blvd. 23c. DATE SIGNED 2/17/56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 24b. DATE 2-20-56 24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM. 24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.

DATE REC'D BY LOCAL REG. FEB 17 1956 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KRIEGSHAUSER 4228 S. KINGS HIGHWAY

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

(Licensed Embalmer's Statement on Reverse Side)

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 *Richard W. Stovessam*.....

Licensed Embalmer No. *4007*.....

P. O. Address.....

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.