

FILED JUL 30 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write BURAU and give township) <u>Rural - St. Johns</u>	c. LENGTH OF STAY (In this place) <u>12 yrs.</u>	c. CITY OR TOWN <u>Washington</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME (If not in hospital or institution, give street address or location) <u>R. I. E. Washington, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>R. I. E.</u>	

3. NAME OF DECEASED a. (First) <u>Theodore</u> b. (Middle) <u>William</u> c. (Last) <u>Mueller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 12, 1903</u>	9. AGE (In years last birthday) <u>52</u> Months <u>9</u> Days <u>12</u> If UNDER 1 YEAR: Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmers Elevator</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis County, Missouri, U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Mueller</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Potts</u>	14. NAME OF HUSBAND OR WIFE <u>Ermina St. Mueller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>N</u>	16. SOCIAL SECURITY NO. <u>494-22-7500</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ermina St. Mueller</u>	ADDRESS <u>Washington, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		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 (b) <u>Coronary Thrombosis</u>		
	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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>on Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Washington Franklin Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 24 1956 4:45</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Dropped dead while getting in truck</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that last saw the deceased alive on _____, 19____, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Cornat R. Ottmann</u> (Degree or title) <u>coroner</u>	23b. ADDRESS <u>Beised Missouri</u>	23c. DATE SIGNED <u>July 24 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 26, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7/26/56</u>	REGISTRAR'S SIGNATURE <u>F. J. Sedemann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard W. G. ...</u>	ADDRESS <u>Washington, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1958
1084
S. 214

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 *Estev. A. Witt*.....

Licensed Embalmer No..... 32
P. O. Address *Washington*

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.