Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32624
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2113

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKWOOD — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSP. — Length of stay in 1b LIFE

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN KIRKWOOD 4683 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 617 W. WASHINGTON — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First AUGUST Middle Last MUETZELFELD
4. DATE OF DEATH Month SEPT. Day 5 Year 1956
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH DEC. 23, 1870
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) KIRKWOOD, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME AUGUST MUETZELFELD
14. MOTHER'S MAIDEN NAME SELMA WEBER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NONE.
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Address HELEN MUETZELFELD

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 4 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Benign Prostatic Hypertrophy with obstruction
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 10/13/53 to 9/5/56 and last saw ~~her~~ him alive on 9/5/56
Death occurred at 11:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Philip P. Doisy, M.D.
22b. ADDRESS 714 S. Kirkwood Rd.
22c. DATE SIGNED 9/7/56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 9/8/56
23c. NAME OF CEMETERY OR CREMATORY PARK HILL CEMETERY
23d. LOCATION (City, town, or county) (State) SAPPINGTON, MO.
24. FUNERAL DIRECTOR PEITZINGER MORTUARY ADDRESS KIRKWOOD MO.
25. DATE RECD. BY LOCAL REG. 9-7-56
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William H. Pettingi

Licensed Embalmer No. 43

P. O. Address Richmond

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