

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43594

State File No. \_\_\_\_\_

318

1003

11898

Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D O A CITY HOSPITAL</b>				STREET ADDRESS (If rural, give location) <b>928a Buchanan</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b>		b. (Middle) <b>A</b>		c. (Last) <b>MUELLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DECEMBER 24, 1956</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE 26, 1897</b>	
9. AGE (In years last birthday) <b>59</b>		10. KIND OF BUSINESS OR INDUSTRY <b>HAULING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DRIVERS HELPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HAULING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>RICHARD MUELLER</b>		13b. MOTHER'S MAIDEN NAME <b>(ULLENAN) HEINTZMAN</b>		14. NAME OF HUSBAND OR WIFE <b>MAY JOHNSTON MUELLER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>WORLD WAR I</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. MAY MUELLER 928 a BUCHANAN</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES <b>Hypertensive Cardiac Condition</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hr.</b> <b>6 mos.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				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? _____					
22. I hereby certify that I attended the deceased from <u>June 1, 1956</u> , to <u>Dec 24, 1956</u> , that I last saw the deceased alive on <u>Dec 24, 1956</u> , and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Arthur Sundlach M.D.</b>				23b. ADDRESS <b>2202 University St.</b>		23c. DATE SIGNED <b>1/26/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>DECEMBER 28, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, MO.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 27 1956</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERTLEDEN F.H. INC. 1936 ST. LOUIS AVE</b>			

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

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1-3-3 p.m. Fred,

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 \_\_\_\_\_  
\_\_\_\_\_

Licensed Embalmer No. 45

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.