

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7134

FILED FEB 18 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>AFFTON Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>AFFTON Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9201 SOUTHVIEW LANE</u>			Length of stay <u>6 years</u>	d. STREET ADDRESS ((If outside, give location)) <u>9201 SOUTHVIEW LANE</u>			Reside on Farm No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MATHIAS</u> Middle <u>MUELLER</u> Last <u>MUELLER</u>				4. DATE OF DEATH Month <u>JAN.</u> Day <u>21</u> Year <u>1957</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG. 23 1889</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MAINTENANCE MAN - Various</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>AUSTRIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JOSEPH MUELLER</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-01-0395</u>		17. INFORMANT Address <u>KATHERINA MUELLER, AFFTON Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma of Sigmoid Colon</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>12 mos.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		CITY _____ COUNTY _____ STATE _____	
21. I attended the deceased from <u>9/4/56</u> to <u>1/22/57</u> and last saw her/him alive on <u>1/21/57</u> Death occurred at <u>11:55 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Benjamin W. [Signature]</u>				22b. ADDRESS <u>7430 Virginia Avenue</u>		22c. DATE SIGNED <u>1/22/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL JAN. 24 1957</u>		23b. NAME OF CEMETERY OR CREMATORY <u>S. S. PETER &amp; PAUL</u>		23c. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>			
24. FUNERAL DIRECTOR <u>Thomas Kates 2906 Lewis</u>		25. DATE RECD. BY LOCAL REG. <u>1-23-57</u>		26. REGISTRAR'S SIGNATURE <u>Richard R. [Signature]</u>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
000-56  
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

622 5:30  
No 2-2340

**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 *Leo J. Budd*.....  
Licensed Embalmer No. *37*

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.**