

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **14350**

FILED MAY 6 - 1957

BIRTH NO. 24101-57 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 125

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Saint Charles</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Chas.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Charles</u>		c. CITY OR TOWN <u>Rural Saint Charles Twp.</u>	d. Is Residence within limits of a city just incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Saint Joseph's Hospital</u>		e. STREET ADDRESS <u>0920 OR. R. # 2, Box # 57</u> (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Warren</u> b. (Middle) <u>Francis</u> c. (Last) <u>Mueller</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>May 1, 1957</u>		
5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Apr. 30, 1957</u>	9. AGE (In years last birthday)	# MONTHS <u>1</u> # DAYS <u>8</u> # HOURS <u>8</u> # MINS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Charles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Bernard Mueller</u>	13b. MOTHER'S MAIDEN NAME <u>Shirley Mae Schlenter</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bernard Mueller, St. Charles, Mo.</u>	ADDRESS <u>St. Charles, 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.	<b>MEDICAL CERTIFICATION</b>		INTERVAL BETWEEN ONSET AND DEATH <u>Since birth</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776x</u>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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) m.	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 4/30, 1957, to 5/1, 1957, that I last saw the deceased alive on 5/1, 1957, and that death occurred at 10A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Henry E. Kosh</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Charles, Mo.</u>	23c. DATE SIGNED <u>5-7-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 1, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Saint Peter's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>
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DATE REC'D BY LOCAL REG <u>May 1-1957</u>	REGISTRAR'S SIGNATURE <u>Hazel Sawyer Dep.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. C. Dalbey</u>	ADDRESS <u>St. Charles, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

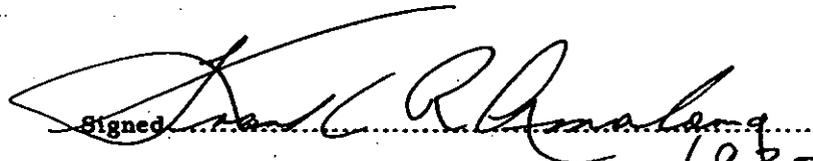
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

540-0

**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. 4837

P. O. Address St. Charles

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.