

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57-023432-1416
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1416

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Rock Hill Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rock Hill 4631, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9212 Merritt Ave. Length of stay in 1b yrs. 4		d. STREET ADDRESS 9212 Merritt (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHANNA Middle FREDRICKA Last MUELLER			4. DATE OF DEATH June 2, 1957 Month Day Year		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 25, 1862	9. AGE (In years last birthday) 94 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) St. Charles, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Wilhelm Blume			14. MOTHER'S MAIDEN NAME Johanna Tienna		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Charlotte Doyle, daughter, 9212 Merritt Ave. Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Parenchymatous Nephritis		INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) General Arteriosclerosis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 COUNTY STATE -----

21. I attended the deceased from **4-9-57** to **6-1-57** and last saw her alive on **6-2-57**.
Death occurred at **1:30 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vincent J. Townsend, MD	22b. ADDRESS 3101a Sutton Ave. Maplewood 17, Mo.	22c. DATE SIGNED 6-3-57
--	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE June 5, 1957	23c. NAME OF CEMETERY OR CREMATORY St. Matthew's Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
---	----------------------------------	---	---

24. FUNERAL DIRECTOR M. J. Croghan ADDRESS 7146 Manchester Ave. St. Louis, 17, Missouri	25. DATE RECD. BY LOCAL REG. 6-4-57	26. REGISTRAR'S SIGNATURE Herbert B. Donleind
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

CROGHAN

MEDICAL CERTIFICATION

189

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 *V E Morris*

Licensed Embalmer No. *3*

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.