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FILED JAN 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45530
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 440

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4 Length of stay in 1b 1y,6m,20d

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY ~~St. Louis~~
c. CITY OR TOWN St. Louis 2169 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 3309 Winnebago (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HENRY Middle LOUIS Last MUELLER
4. DATE OF DEATH Month Dec. Day 16, Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 7, 1879
9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months 5 Days 9 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewery worker
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Carl Mueller
14. MOTHER'S MAIDEN NAME Johanna Otto
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Records, State Hospital #4, Farmington, Mo.

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) Bilateral bronchial pneumona - - - - - - - - - - INTERVAL BETWEEN ONSET AND DEATH 4 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease and generalized arteriosclerosis - - - - - - - - - - - - - - - - - - Unknown.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Chronic brain syndrome with psychotic reaction. 4200 F
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Patient slipped and fell on ward of mental hospital.
20c. TIME OF INJURY Hour 12 midnight a. m. Month, Day, Year 11-7-57 Intertrochanteric fracture of right femur on 11-7-57.
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 May 26, 1956, to Dec. 16, 1957 and last saw ~~dec~~ him alive on Dec. 16, 1957
Death occurred at 6:20 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John A. Brennan M.D. (Degree or title)
22b. ADDRESS Farmington, Missouri State Hospital No.4,
22c. DATE SIGNED 12-17-57.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Dec. 19, 1957
23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery
23d. LOCATION (City, town, or county) (State) Okawville, Illinois

24. FUNERAL DIRECTOR Beiderwieden Funeral Home, Inc. ADDRESS 1936 St. Louis Ave., St. Louis, Mo.
25. DATE RECD. BY LOCAL REG. Dec. 17, 1957
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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

2-89-0

JAN 14 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

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

working under my personal supervision..

Student ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. 412

P. O. Address Farmington

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