

Health,
Welfare
Public
Service

FILED MAY 1 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016222

STANDARD FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4008

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>1</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST. LOUIS</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>ALEXIAN BROS. HOSPITAL</u>		Length of stay in lb <u>2 16 1</u>	d. STREET ADDRESS (If outside, give location) <u>4314 ARSENAL ST</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>ALFRED</u> Middle <u>U</u> Last <u>MUELLER</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>9</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 25 1878</u>		9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>RETIRED PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>					

13a. FATHER'S NAME <u>HENRY MUELLER</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH EBEL</u>		14. NAME OF HUSBAND OR WIFE <u>MARY CHRISTIAN MUELLER</u> (Dr/b)	
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 Address <u>HENRY MUELLER 4314 ARSENAL</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>Branch Pneumonia</u>		DUE TO (b) <u>Mitral Regurgitation</u>	DUE TO (c) <u>Cardiac Hypertrophy E 902.0</u>	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to (a) (b) or (c) (e.g., diabetes, congenital defects) <u>Impacted Fracture of Left Hip</u>				
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				

20a. ACCIDENT <input checked="" 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.) <u>suffered in fall from chair to floor in living on April 3rd 1958.</u>		
20c. TIME OF INJURY Hour <u>4</u> Month <u>3</u> Day <u>58</u> Year <u>1958</u> 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.) <u>16 Home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St. Louis Mo 000</u>			

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at 5:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Samuel J. Taylor 3</u>		22b. ADDRESS <u>1300 Clark Ave</u>		22c. DATE SIGNED <u>4/10/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>APRIL 12 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>NEW ST MARCUS CEM</u>	
23d. LOCATION (City, town, or county) (State) <u>S.T. LOUIS MO</u>					

24. FUNERAL DIRECTOR <u>Thomas Nutt 2906 Gravois</u>		25. DATE RECD. BY LOCAL REG. <u>APR 10 '58</u>		26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Leif Buddle*

Licensed Embalmer No. *3989*

P. O. Address *St. Louis, Mo.*

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.