

FEDERAL BUREAU OF INVESTIGATION
 DEPARTMENT OF JUSTICE
 DEATH CERTIFICATE OF HEALTH - STANDARD

FILED VS OCT 6 1960

318

1003

9583-60-036410

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 3 mos.	c. CITY OR TOWN Mt. Pleasant		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 11125 Lackland Ave.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE LAST HERBERT RICHARD MUELLER			4. DATE OF DEATH Month Day Year Sept. 30 1960			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/28/1894	9. AGE (last birthday) 65 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dryare Prop.		10b. KIND OF BUSINESS OR INDUSTRY Brick Transp.	11. BIRTHPLACE (City and state or country) Mt. Pleasant, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Mueller		13b. MOTHER'S MAIDEN NAME Marie Conrad		14. NAME OF HUSBAND OR WIFE Lucille Mueller		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, war or dates of service) No		16. SOCIAL SECURITY NO. 492-05-7448	17. INFORMANT Address Lucille Mueller 11125 Lackland			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarction</i> DUE TO (b) <i>Art. Sclerotic Coronary Thrombosis</i> DUE TO (c) <i>420.1</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes Mellitus</i>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 a.m. p.m. Month, Day, Year						
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 <i>6-25-60</i> to <i>9-20-60</i> and last saw ^{her} him alive on <i>9-30-60</i>		Death occurred at <i>8:10 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Carl H. Reis M.D.</i> (Degree or title)			22b. ADDRESS <i>1814 Ferguson Highway</i>		22c. DATE SIGNED <i>10-1-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/3/1960	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
24. FUNERAL DIRECTOR Baumann Bros. Inc. 2504 Woodson Rd., Overland 14		25. DATE RECD. BY LOCAL REG. OCT 1 1960	26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Drs. Falk & Reis

18 So. Kingshighway
F01-0150

Till 12:30 PM Sat.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

David C. Gibbs

Licensed Embalmer No. 3454

P. O. Address Carlsbad

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