

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044665

STATE FILE NUMBER

11223

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED NOV 30 1962 318

1003

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_ USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 b. STATE Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b \_\_\_\_\_ c. CITY OR TOWN St. Louis Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6010 So. Kingshighway Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) 6010 So. Kingshighway Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
JOHN MUELLER Nov. 21, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 6/14/1892 9. AGE (last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Division Pass. Agent 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (City and state or country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Henry Mueller 13b. MOTHER'S MAIDEN NAME Frances Kramer 14. NAME OF HUSBAND OR WIFE Nellie Lincoln

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. \_\_\_\_\_ 17. INFORMANT Nellie Mueller 6010 So. Kingshighway 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 Myocarditis INTERVAL BETWEEN ONSET AND DEATH ---

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) 422.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) \_\_\_\_\_ PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  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 November 21, 62 to \_\_\_\_\_ and last saw <sup>me</sup>him alive on November 21, 62  
 Death occurred at 11-21-62 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. D. Meyer, M.D. 22b. ADDRESS 6029 S. Kingshighway Bl 22c. DATE SIGNED 11-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Nov. 23, 62 23c. NAME OF CEMETERY OR CREMATORY Oak Grove 23d. LOCATION (City, town, or county) (State) St. Louis Cty. Mo.

24. FUNERAL DIRECTOR ADDRESS E. J. Schnur 3125 Lafayette 25. DATE RECD. BY LOCAL REG. NOV 23 1962 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
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 LATE AMENDED  
 INSTead OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ  
 USE BLACK INK OR TYPEWRITER RIBBON

OK Helen L. Taylor  
 Croner 11/23/62

DR O W MEYER

**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 Jon Ballmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.