

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21477

FILED JUL 15 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5976

|   |   |  |   |  |  |  |  |
|---|---|--|---|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE<br><u>Missouri</u><br>b. COUNTY<br><u>000</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>St. Louis</u>  |   | c. LENGTH OF STAY (In this place)<br><u>3</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis</u>   |  | 17<br>19<br>2  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Enroute to City Hospital</u>  |   |  |   | d. STREET ADDRESS (If rural, give location)<br><u>26 1440 Wright St.</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><u>Della</u>  |   |  | b. (Middle)<br><u>---</u>                                   |  | c. (Last)<br><u>Mullenslater</u>                                       |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>July 5, 1949.</u> |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>                               | 8. DATE OF BIRTH<br><u>August 31, 1878</u>                  |  | 9. AGE (In years last birthday)<br><u>70</u>                           | IF UNDER 1 YEAR<br>Months<br><u>10</u>   | IF UNDER 2 HRS.<br>Days<br><u>4</u>                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housework</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (State or foreign country)<br><u>St. Louis, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME<br><u>Henry Buenemann</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Anna Meyer</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Louis Mullenslater</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Nora E. Hoffman 8600 Trafford Lane</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>amblyopia (cardiac)</u><br>INTERVAL BETWEEN ONSET AND DEATH<br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>chronic Myocarditis</u><br>DUE TO (c) <u>Hypertension - Malum</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |  |  |  |
| 19a. DATE OF OPERATION  |   | 19b. MAJOR FINDINGS OF OPERATION   |   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>                     |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |   | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)               |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>102</u>  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?<br><u>HEAT STROKE</u>   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>Feb 1, 1949</u> to <u>July 5, 1949</u> that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:15 P.m.</u> , from the causes and on the date stated above. |   |  |   |  |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>E. M. Ross</u>   |   |  |   | 23b. ADDRESS<br><u>MD 1918 East Grand</u>  |  | 23c. DATE SIGNED<br><u>July 7, 49</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |   | 24b. DATE<br><u>7/9/49</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>New St. Marcus</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Mo.</u> |  |  |
| DATE RECEIVED BY LOCAL REGISTRY<br><u>JUL 8 1949</u>  |   |  |   | REGISTRAR'S SIGNATURE<br><u>J. B. Pasater</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Calvin F. Feutz, 4828 Natural Bridge Blvd</u> |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*mil*

*1 Pin  
1918 to Present  
ca 4111.*

**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 .....  
Student Embalmer

Signed *John A. Menar*.....  
Licensed Embalmer No. *4186*.....

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 this body is not embalmed, fact should be so stated above.