

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28370  
6935

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.				a. STATE MISSOURI		b. COUNTY			
c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 17					
d. FULL NAME OF HOSPITAL OR INSTITUTION PARK Lane Hospital				d. STREET ADDRESS (If rural, give location) 15 4629 <sup>A</sup> DELOR 9					
3. NAME OF DECEASED (Type or Print) ARTHUR			a. (First)		b. (Middle) A. MUELLER		c. (Last)		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
8		7		49					
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 31 <sup>st</sup> 1888			
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 11		IF UNDER 24 HRS. Days 24					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHEMICAL Jobber			10b. KIND OF BUSINESS OR INDUSTRY CHEMICAL.			11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0			
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME AUGUST T. MUELLER		13b. MOTHER'S MAIDEN NAME ELIZABETH GAUTMANN		14. NAME OF HUSBAND OR WIFE EDNA MUELLER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME MRS. ARTHUR MUELLER			ADDRESS 4629 <sup>A</sup> DELOR	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular-Renal disease				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) Int Nephritis - Hypertension					
				DUE TO (c) Arterio Sclerosis					
II. OTHER SIGNIFICANT CONDITIONS				General Anas area					
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION None.		19b. MAJOR FINDINGS OF OPERATION Peritoneal times Paracentesis abd - Zyg-Darstern						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 91	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR H500					
22. I hereby certify that I attended the deceased from 1-5-1947 to 8-7-1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:10 am., from the causes and on the date stated above.									
23a. SIGNATURE J. B. Dierman M.D.				23b. ADDRESS 3734 Jennings Rd		23c. DATE SIGNED 8/9/49			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-10-49		24c. NAME OF CEMETERY OR CREMATORY Mt Lebanon Cem		24d. LOCATION (City, town, or county)		(State)	
DATE REC'D BY LOCAL REG. AUG 9 1949		REGISTRAR'S SIGNATURE J. B. Dierman			25. FUNERAL DIRECTOR'S SIGNATURE Mark Dierman		ADDRESS 6100 W Florissant		

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *Mark Perroni* .....

Licensed Embalmer No. *4,74* .....

P. O. Address .....

**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.