

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11020**

42799

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>11020</b>			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b>				b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		c. LENGTH OF STAY (in this place) <b>7 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>		d. STREET ADDRESS (If rural, give location) <b>5361a Easton</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5361a Easton</b>				d. STREET ADDRESS (If rural, give location) <b>5361a Easton</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Otto</b>			b. (Middle) <b>H</b>		c. (Last) <b>Mueller Sr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 21, 1949</b>		
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>June 6, 1887</b>		9. AGE (In years, Months, Days, Hours, Min.) <b>62</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>brewery worker</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St Louis, Mo. U</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Peter Mueller</b>			13b. MOTHER'S MAIDEN NAME <b>not known</b>			14. NAME OF HUSBAND OR WIFE <b>Augusta Mueller</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Augusta Mueller 5361 Easton</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastric hemorrhage caused by ruptured esophagus</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Wens advanced cirrhosis</b> DUE TO (c) <b>of liver</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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)		<b>124</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>38/A</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>1:50 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) <b>Joseph W. J. [Signature]</b>				23b. ADDRESS <b>1300 Clark</b>				23c. DATE SIGNED <b>12/23/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12/24/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>N St Marcus Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>DEC 22</b>		REGISTRAR'S SIGNATURE <b>J B [Signature]</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>L Ziegenhein &amp; Sons 7027 Gravois</b>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 *Frank J. Burns*.....

Licensed Embalmer No. *2245*.....

P. O. Address *So. Lewis, 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.