

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10859

State File No. ....

318

1003

3122

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5845 Nottingham Ave</b>		d. STREET ADDRESS (If rural, give location) <b>14 5845 Nottingham Ave</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle) <b>L.</b>	c. (Last) <b>Mueller</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3-29-1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>8-5-1875</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 15 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Drygoods</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Frank Mueller</b>	13b. MOTHER'S MAIDEN NAME <b>Rose Macklin</b>	14. NAME OF HUSBAND OR WIFE
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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. <b>494-14-7131</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Verma Maly</b>	ADDRESS <b>5845 Nottingham Ave</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>1 1/2 yrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Chronic Asthma</b>		
II. OTHER SIGNIFICANT CONDITIONS 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>2411 X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 5, 1949**, to **Mar 29, 1950**, that I last saw the deceased alive on **Mar 27, 1950**, and that death occurred at **10:30 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. M. Stummer, M.D.</b>	(Degree or title)	23b. ADDRESS <b>3014 S. Jefferson</b>	23c. DATE SIGNED <b>Mar 29 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>	24b. DATE <b>4-1-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>3211 Sublette Ave. Mo</b>
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DATE REC'D BY LOCAL <b>MAR 31 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Laster</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ziegenhein Bros.</b>	ADDRESS <b>6409 Gravois Ave</b>
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Dr. Kimer Peck 6821-1 3016 S. Jefferson  
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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

*Henry M. Brammer*

Licensed Embalmer No.

*4200*

P. O. Address

*St. Louis*

**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.