

FILED MAY 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14824**
Registrar's No. **3906**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 14824		Registrar's No. 3906		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN St Louis			c. LENGTH OF STAY (in this place): 2 yrs.	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN St Louis			2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sister of the Poor				d. STREET ADDRESS (If rural, give location): 4222 Margaretta						
3. NAME OF DECEASED (Type or Print) a. (First) Emelia			b. (Middle) _____		c. (Last) Mueller		4. DATE OF DEATH (Month) (Day) (Year) Apr. 27, 1950			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH May 27 1865		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Red Bud, Ill.			12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Christian Grempp			13b. MOTHER'S MAIDEN NAME Christina Stuck			14. NAME OF HUSBAND OR WIFE _____				
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'S SIGNATURE OR NAME ADDRESS Walter Mueller 4222 Margaretta						
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage						INTERVAL BETWEEN ONSET AND DEATH 1 week		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis						4 yrs		
		DUE TO (c) Hypertension						2 yrs		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? 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) 331X						
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? _____						
22. I hereby certify that I attended the deceased from May 27, 1948 to Apr 27, 1950 , that I last saw the deceased alive on Apr 25, 1950 and that death occurred at 4 P. M. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Walter Mueller				23b. ADDRESS 607 N. General			23c. DATE SIGNED 4/27/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/1/50	24c. NAME OF CEMETERY OR CREMATORY St Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Mo.					
DATE REC'D BY LOCAL REG. APR 29 1950		REGISTRAR'S SIGNATURE J B Foster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J I Ziegenhein & Sons 7027 Gravois					

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Frank J. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 2245

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.