S. No. 300
10-48

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15193

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1157

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton Rural
c. LENGTH OF STAY (in this place): 86
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 570-N-Warson Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton Rural 4430
d. STREET ADDRESS (If rural, give location): 570-N-Warson Road

3. NAME OF DECEASED (Type or Print)
a. (First): Augusta
b. (Middle): Eratina
c. (Last): Mueller

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 7, 1863
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Clayton, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Balthaser Kaiser
13b. MOTHER'S MAIDEN NAME: Caroline Stratmann
14. NAME OF HUSBAND OR WIFE: Louis Mueller Dcd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Carl L. Mueller Clayton, Mo. R#2 Box 570

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arterio-sclerotic heart disease	3 yrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis	6 yrs.
DUE TO (c)	Hypertension	6 yrs.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		4 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 420.0
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/29, 1944, *to* 5/3, 1950, *that I last saw the deceased alive on* 5/2, 1950, *and that death occurred at* 9:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. D. Stoelzle O.M.D.
23b. ADDRESS: 104 W. Adams, Kirkwood
23c. DATE SIGNED: 5/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-6-1950
24c. NAME OF CEMETERY OR CREMATORY: Immanuel Lutheran Cemetery
24d. LOCATION (City, town, or county) (State): Olivette, Mo.

DATE REC'D BY LOCAL REG.: MAY 5 1950
REGISTRAR'S SIGNATURE: Herbert R. Klomke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Baumann Brothers Inc 2504-Woodson Rd. Overland-14-Mo.

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.