

No. 300
10. 48

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22366

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1497

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI ILLINOIS COUNTY _____	
b. CITY OR TOWN (If outside corporate limits, write BURAL and give township) JEFF. BRKS. MO.		c. CITY OR TOWN (If outside corporate limits, write BURAL and give township) ROODHOUSE <u>9120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADMIN. HOSPITAL		d. STREET ADDRESS (If rural, give location) 320 E. Randolph St., <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Elmer	b. (Middle) Emil	c. (Last) Mueller	4. DATE OF DEATH (Month) (Day) (Year) June 16, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 5, 1891	9. AGE (In years) (Month) (Day) (Year) 58 <u>6</u> <u>11</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) MISSOURI <u>0</u>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Rinehard	13b. MOTHER'S MAIDEN NAME Emma last name unknown	14. NAME OF HUSBAND OR WIFE Edith Mueller
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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) Yes WWI	16. SOCIAL SECURITY NO. 346077866	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, MO.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ENCEPHALOMALACIA		INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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 352X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that ^{VA} attended the deceased from 6-9-50, 19 , to 6-16-50, 19 , and that death occurred at 8:00A m., from the causes and on the date stated above.

23a. SIGNATURE L.E. Stilwell M.D. L.E. STILWELL, Chief Prof. Svcs.	23b. ADDRESS VAH, JEFFERSON BARRACKS, MO.	23c. DATE SIGNED 6-16-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-16-50	24c. NAME OF CEMETERY OR CREMATORY Roodhouse, Illinois	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 6-17-50	REGISTRAR'S SIGNATURE Herbert P. ...	25. FUNERAL DIRECTOR'S SIGNATURE ROWLAND MORTUARY SERVICE, ST. LOUIS, MO.	ADDRESS 4104 Manchester
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(Licensed Embalmer's Seal to be on Reverse Side)

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

400
0

Remove

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

J. Allen Davis Jr

Signed.....
Student Embalmer

Licensed Embalmer No. *4053*

P. O. Address *Stennis, N.*

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.