

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25091  
State File No. \_\_\_\_\_  
Registrar's No. 6169

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1907a John Ave.		d. STREET ADDRESS (If rural, give location) 1907a John Ave.	

3. NAME OF DECEASED (Type or Print) Ida	a. (First)	b. (Middle)	c. (Last) Mueller	4. DATE OF DEATH (Month) (Day) (Year) July 16, 1950
---	------------	-------------	-------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 18, 1876	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 2 Days 28	IF UNDER 2 HRS. Hours Min.
---------------	------------------------	--	---------------------------------	------------------------------------	----------------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY?
---	-----------------------------------	---	------------------------------

13a. FATHER'S NAME Henry Gaskamp	13b. MOTHER'S MAIDEN NAME Mary Kuntmeyer	14. NAME OF HUSBAND OR WIFE Mr. Henry J. Mueller
----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry J. Mueller, 1907a John Ave.
---	-------------------------	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 3 days 4 mos. 1 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Accident DUE TO (c) Hypertension		
	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 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)
--	--	---

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? 321X
--	--	---------------------------------

22. I hereby certify that I attended the deceased from July 6, 1949, to July 6, 1950, that I last saw the deceased alive on July 15, 1950, and that death occurred at 1:55 p. m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <i>Beulah Sunders</i> M. D.	22b. ADDRESS 2202 University St.	22c. DATE SIGNED 7/17/50
--	----------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 19, 1950	24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. JUL 18 1950	REGISTRAR'S SIGNATURE <i>J. B. Foster</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc. 1936 St. Louis
--------------------------------------	---	---

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

1936 St. Louis, Mo.

**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 Max L. Umpfel

Signed .....  
Student Embalmer

Licensed Embalmer No. 4170

P. O. Address 1936 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.**