

FILED DEC 14 1950

STANDARD CERTIFICATE OF DEATH

39283
State File No.

BIRTH MO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3069</u>		Registrar's No. <u>2898</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hts.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>5 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hts.</u>		d. STREET ADDRESS <u>7731 Brookline Terrace</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hts.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7731 Brookline Terrace</u>		f. STREET ADDRESS <u>7731 Brookline Terrace</u>		g. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond Hts.</u>		h. STREET ADDRESS <u>7731 Brookline Terrace</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SAMUEL</u>		b. (Middle) <u>A.</u>		c. (Last) <u>MUELLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 8, 1878</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer (Retired)</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Andrew Mueller</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Franke</u>		14. NAME OF HUSBAND OR WIFE <u>Christine Mueller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE AND ADDRESS <u>Christine Mueller 7731 Brookline Tr.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Prostate</u>				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 <u>1945</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Prostate</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>177X</u>			
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 <u>Mar. 24th 1950</u> to <u>Nov. 29, 1950</u> , that I last saw the deceased alive on <u>11-28, 1950</u> , and that death occurred at <u>11:35 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. J. ...</u>				23b. ADDRESS <u>2278 S. Jefferson</u>		23c. DATE SIGNED <u>11-30-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Churchyard</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/1/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>			

Signed Embalmer's Statement on Reverse Side

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

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DEC 1 1950

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 Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address _____

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.