

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2835

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 538

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis,</b>	
c. LENGTH OF STAY (in this place) <b>2 mo. 8 da.</b>		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL.</b>		d. STREET ADDRESS (If rural, give location) <b>3528 Victor Street.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EMIL</b> b. (Middle) <b>JOSEPH</b> c. (Last) <b>MUELLER</b>	4. DATE OF DEATH (Month) <b>1</b> (Day) <b>16</b> (Year) <b>51</b>
5. SEX <b>Male. 0</b>	6. COLOR OR RACE <b>White.</b>
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>Jan'y 22, 1877.</b>
9. AGE (In years last birthday) <b>73.</b>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Produce Man..</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Commission Row.</b>
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Phillip Mueller.</b>	13b. MOTHER'S MAIDEN NAME <b>Elise Steuernagle.</b>	14. NAME OF HUSBAND OR WIFE <b>Rosine Stocke Mueller.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	16. SOCIAL SECURITY NO. <b>none.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs E. J. Mueller, 3528 Victor Street,</b>

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 wks.</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Congestive heart failure</b> INTERVAL BETWEEN ONSET AND DEATH <b>10 wks.</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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? <b>H200</b>

22. I hereby certify that I attended the deceased from **11-8**, 19**50**, to **1-16**, 19**51**; that I last saw the deceased alive on **1-16**, 19**51**, and that death occurred at **7:50a** m., from the causes and on the date stated above.

23a. SIGNATURE <b>F.R. Bradley</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Barnes Hospital.</b>	23c. DATE SIGNED <b>1/16/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial. 0</b>	24b. DATE <b>1/19/51.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery.</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>		

DATE REC'D BY LOCAL REG. <b>JAN 18 1951</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: <b>C.R. Lupton &amp; Sons, 7233 Delmar Blv'd.,</b>
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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Arnold W. Schoene

Signed.....  
Student Embalmer

Licensed Embalmer No. 3864

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.