

FILED MAY 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17702

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Charles
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Charles
c. CITY (If outside corporate limits, write RURAL and give township) St. Charles
d. STREET ADDRESS (If rural, give location) 228 Tompkins Street

3. NAME OF DECEASED
a. (First) Madeline b. (Middle) E. c. (Last) Mueller
4. DATE OF DEATH May 14 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Nov 8 1901 9. AGE (In years last birthday) 49 Months 6 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lining Cutter
10b. KIND OF BUSINESS OR INDUSTRY Shoe factory
11. BIRTHPLACE (State or foreign country) St. Charles, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank L. Mueller 13b. MOTHER'S MAIDEN NAME Mary Borgmeyer 14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give year or dates of service) NIL
16. SOCIAL SECURITY NO. 492-01-9147
17. INFORMANT'S SIGNATURE OR NAME Frank L. Mueller-St. Charles, Mo. ADDRESS

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of ectosigmoid
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis of liver, heart muscle, etc.
DUE TO (c) Terminal Bronchial pneumonia
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
154X

19a. DATE OF OPERATION 5-9-51 19b. MAJOR FINDINGS OF OPERATION Obstruction sigmoid - colectomy performed
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) - _____ 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 4-27, 1951, to 5-14, 1951, that I last saw the deceased alive on 5-14, 1951, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE Russell Heider M.D. (Degree or title) 23b. ADDRESS St. Charles, Mo. 23c. DATE SIGNED 5-15-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 17, 1951 24c. NAME OF CEMETERY St. Peter Cemetery 24d. LOCATION (City, town, or county) St. Charles, Missouri (State)

DATE REC'D BY LOCAL REG. 5-15-51 REGISTRAR'S SIGNATURE Francis J. Mueller 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Ballmeyer & Sons Co. 800 N. 2nd St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

923
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0923

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File No. _____
DISTRICT HEALTH OFFICE No. 4

RECEIVED
MAY 22 1951

MAR 8 1952

JUN 3 1957

AUG 29 1951

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.....
Student Embalmer

Signed Herbert C. Dallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.