

FILED JUN-29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21353

State File No.
Registrar's No. 5489

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|---|-------------------------------|--|---|--|--|
| 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. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2249 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3629 Missouri | | | d. STREET ADDRESS (If rural, give location) 3629 Missouri | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) c. (Last) Mueller Sr. | | | 4. DATE OF DEATH (Month) (Day) (Year) 6/15/51 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH Dec. 10, 1876 | | 9. AGE (In years last birthday) 74 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Medart Co. | 11. BIRTHPLACE (State or foreign country) Germany | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Unknown Mueller | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE ---- | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. 489-09-6712 | 17. INFORMANT'S SIGNATURE OR NAME Miss Viola Mueller-- ADDRESS 3629 Missouri | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 6 mos ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 4 yrs + 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 | | 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) | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 July 6th 1951 , to June 15th 1951 , that I last saw the deceased alive on June 14th 1951 , and that death occurred at 2:45 a.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) William Barron M.D. | | | 23b. ADDRESS 3601 S Jefferson | | 23c. DATE SIGNED 6-15-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 6/19/51 | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri. | |
| DATE REC'D BY LOCAL REG. JUN 18 1951 | | REGISTRAR'S SIGNATURE J. B. Foster | | 25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldene ADDRESS 3634 Gravois | |

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

*How
green*

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 *Robert Wheeler*

Signed.....
Student Embalmer

Licensed Embalmer No. 2128

P. O. Address *How green*

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.