

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27973

FILED AUG 31 1951

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY St. Charles 0920		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR "Rural" St. Charles Twp 4		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" St. Charles Twp 0920	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Charles County Home		e. LENGTH OF STAY (in this place) 32 yrs	
d. STREET ADDRESS (If rural, give location)		St. Charles County Home (19yrs)	

3. NAME OF DECEASED (Type or Print)	a. (First) Dina	b. (Middle)	c. (Last) Mueller	4. DATE OF DEATH (Month) (Day) (Year)	August 21 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH date unknown March ?? 1881	9. AGE (In years last birthday) 70	Months 5	Days ?	IF UNDER 18 SEX Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housemaid	10b. KIND OF BUSINESS OR INDUSTRY General Housework	11. BIRTHPLACE (State or foreign country) New Melle, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Fritz Mueller	13b. MOTHER'S MAIDEN NAME Louise Hoefner	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NIL	16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME Edna Hoefner 912 S. 4th-St. Charles	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Compensation Slag		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arterio Sclerosis 10 yrs		
	DUE TO (c) Senile dementia 3 yrs		
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 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug 1st 1951 to Aug 21, 1951, that I last saw the deceased alive on Aug 20, 1951, and that death occurred at 6:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE Dr. Erich Schick MD	23b. ADDRESS St Charles Mo	23c. DATE SIGNED 8/23/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 24-1951	24c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery	24d. LOCATION (City, town, or county) New Melle, Missouri
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DATE REC'D BY LOCAL REG. 8-23/51	REGISTRAR'S SIGNATURE Franice Hamilton	25. FUNERAL DIRECTOR'S SIGNATURE H. O. Hallmeyer & Sons Co	ADDRESS 800 N. 2nd St. Charles, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 27 1951

RECEIVED

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 4189

working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Joseph F. Landoet

Licensed Embalmer No. 4189

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.