

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32193

State File No.

XC-None filed
FILE # 9677935
BIRTH NO. OCT 10, 1951

REG. DIST. NO. 3.7 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3193

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 town) JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2157	
c. LENGTH OF STAY (in this place) 4 days		d. STREET ADDRESS (If rural, give location) 1120 Beethoven Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSPITAL			
3. NAME OF DECEASED a. (First) HENRY		b. (Middle) LOUIS	
c. (Last) MUELLER		4. DATE OF DEATH (Month) (Day) (Year) XX 9-18-51	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 11-22-90
9. AGE (In years last birthday) 61		10. AGE (If under 1 year) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GUARD		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME FRANK MUELLER		13b. MOTHER'S MAIDEN NAME LOUISE KOECHLIN	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 194-36-5258	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BKS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ENCEPHALITIS, ACUTE, TYPE UNDETERMINED 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) _____ DUE TO (c) 343X 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 checked="" type="checkbox"/> NO <input 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?			
22. I hereby certify that I attended the deceased from 9-14 , 19 51 , to 9-18 , 19 51 , that I last saw the deceased REMOVED , and that death occurred at 12:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE H. Estelwell (Degree or title) M.D.		23b. ADDRESS VA HOSP. JEFF. BRKS, MO	
23c. DATE SIGNED 9-18-51			
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE 9/21/51	
24c. NAME OF CEMETERY OR CREMATORY St. Pauls Churchyard		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.	
DATE REC'D BY LOCAL REG. 9-19-51		REGISTRAR'S SIGNATURE Hubert R. Adams	
25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Helderle		ADDRESS 3634 Gravois, St. Louis, Mo	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed Robert C. Wheeler

Licensed Embalmer No. 2128

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.