

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35430

FILED OCT 23 1951

State File No. 8730

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8730

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

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, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		9. STREET ADDRESS (If rural, give location) 4515 Pope Avenue 0	
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) L. c. (Last) Mueller			4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1951.
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb./14/1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) / IF UNDER 1 YEAR Months / Days / IF UNDER 1 YEAR Hours / Min. 56
11. BIRTHPLACE (State or foreign country) Mt. Olive, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alvin Zenner		13b. MOTHER'S MAIDEN NAME Pauline Gehring	14. NAME OF HUSBAND OR WIFE Mr Edward J. Mueller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward J. Mueller, 4515 Pope Avenue
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Rheumatic Heart</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mitral insufficiency</u> 19. DATE OF OPERATION 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>H/OX</u>	
22. I hereby certify that I attended the deceased from <u>Mar. 19, 1951</u> , to <u>Oct. 1, 1951</u> , that I last saw the deceased alive on <u>Oct. 1, 1951</u> , and that death occurred at <u>6:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Arthur Sundlach</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2202 University</u>	
23c. DATE SIGNED <u>10/2/51</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-4-1951.</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 3 1951</u>		REGISTRAR'S SIGNATURE <u>Earl Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann &amp; Son Inc.</u>		ADDRESS <u>2161 El Fair Ave.</u>	

**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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.