

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43197  
11108

State File No. ....

Registrar's No. ....

FILED JAN 10 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. No. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. No. 1003		Registrar's No. ....	
I. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>2157</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>6 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		d. _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>THE ST. LOUIS ALTENHEIM.</u>				e. STREET ADDRESS (If rural, give location) <u>5408 S. BROADWAY</u>			
3. NAME OF DECEASED (Type or Print) <u>WILLIAM.</u>		a. (First) _____		b. (Middle) <u>MUEHLENBROCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 13 1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MCH. 6 1874</u>	
9. AGE (In years last birthday) <u>77</u>		10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) <u>METAL WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MO.</u>	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN W. HOERR 5408 So. BROADWAY</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of stomach</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio sclerosis.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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) <u>St. Louis Mo Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M) (A) (P) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>157X</u>				22. I hereby certify that I attended the deceased from <u>4-24</u> , 19 <u>44</u> , to <u>DEC. 12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 12</u> , 19 <u>51</u> , and that death occurred at <u>7:15 A.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Max Stabloff MD</u>		(Degree or title) _____		23b. ADDRESS <u>512 Dover Place</u>		23c. DATE SIGNED <u>12/14/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PK.</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO.</u>	
DATE REC'D BY LOCAL REG. <u>DEC 17 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JOE P. FENDLER JR 7128 MICHIGAN.</u>			

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

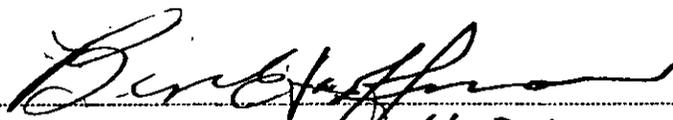
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4366

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.