

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3140

State File No.

0720

FILED FEB 14 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2179		
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 2909 Henrietta Street		
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				
3. NAME OF DECEASED a. (First) BERTHA		b. (Middle) T.		c. (Last) MUELLER
4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 18, 1904	9. AGE (In years last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?				
13a. FATHER'S NAME John Deistel		13b. MOTHER'S MAIDEN NAME Wilhelmina Rampe		14. NAME OF HUSBAND OR WIFE William L. Mueller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME William Mueller, 2909 Henrietta Street.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage at base of brain INTERVAL BETWEEN ONSET AND DEATH 19 days ANTECEDENT CAUSES DUE TO (b) Hypertensive vascular disease, Arteriosclerosis of cerebral vessels.) Uncertain DUE TO (c) There is a doubtful history of a fall) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cystic kidneys) Uncertain		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE Doubtful history of a fall.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Jan. 3, 1952, 2:00 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 330XF
22. I hereby certify that I attended the deceased from Jan. 13 , 19 52 , to Jan. 22 , 19 52 , that I last saw the deceased alive on Jan. 22 , 19 52 , and that death occurred at 11:30 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE E. O. Brown (Degree or title) E. O. Brown, M.D.		23b. ADDRESS 1325 South Grand Blvd. St. Louis 4, Missouri		23c. DATE SIGNED 1-23-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 25, 1952		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.				
DATE REC'D BY LOCAL REG. Jan 23 1952		REGISTRAR'S SIGNATURE Paul Smith		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser, 4228 South Kingshighway Blvd.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Richard W. Stovesand

Signed.....
Student Embalmer

Licensed Embalmer No..... *4007*

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.