

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9562**  
Registrar's No. **8**

FILED APR 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **305** PRIMARY REG. DIST. NO. **4452**

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>1970.</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wentzville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wentzville</b>	
c. LENGTH OF STAY (in this place) <b>10 yr</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Theresa</b> b. (Middle) <b>-</b> c. (Last) <b>Mueller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 18 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 22-1870</b>		9. AGE (In years last birthday) <b>81</b> if UNDER 1 YEAR Months <b>6</b> Days <b>4</b> if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home Work</b>	11. BIRTHPLACE (State or foreign country) <b>Weldon Spring Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Frank Menne</b>		13b. MOTHER'S MAIDEN NAME <b>Josephine Schmidt</b>	14. NAME OF HUSBAND OR WIFE <b>Godfrey Mueller</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>✓</b>		16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Herbert Muller - Fallon Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Regeneration</b>		ANTECEDENT CAUSES		<b>6 Mo.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
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 <b>4222</b>		20. AUTOPSY? YES <input 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 **Sept. 1951**, to **March 1952**, that I last saw the deceased alive on **3/16**, 1952, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.C. Mc Murray M.D.</b>		23b. ADDRESS <b>Wentzville, MO</b>		23c. DATE SIGNED <b>3/19/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Mar. 20-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St Paul</b>	
				24d. LOCATION (City, town, or county) (State) <b>St Paul 1110</b>	

DATE REC'D BY LOCAL REG. <b>3/27/52</b>		REGISTRAR'S SIGNATURE <b>Marshall Puff</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>T.E. Pflanz Funeral Home Wentzville MO.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 Annetta M. Pittman

Licensed Embalmer No. 3055

P. O. Address Cherryville, N.C.

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.