

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10359

2804

BIRTH NO. <u>12522</u>		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. <u>2804</u>
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (If in this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2079</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul</u>		d. STREET ADDRESS (If rural, give location) <u>7 5073 No. Kingshighway Blvd.</u>		
3. NAME OF DECEASED (Type or Print)		a. (First)	b. (Middle)	c. (Last)
<u>Infant</u>				<u>Mueller</u>
4. DATE OF DEATH		(Month)	(Day)	(Year)
<u>3</u>		<u>24</u>	<u>52</u>	
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH
<u>Female</u>	<u>White</u>	<u>Child</u>		<u>3/23/52</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR	IF UNDER 1 MONTH	IF UNDER 1 HOUR
<u>0</u>		<u>0</u>	<u>1</u>	<u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)
<u>none</u>		<u>none</u>		<u>St. Louis Missouri</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		
		<u>Roy Mueller</u>		
		13b. MOTHER'S MAIDEN NAME		
		<u>Margaret</u>		
		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME
<u>no</u>		<u>none</u>		<u>Roy Mueller</u> <u>5073 N. Kingshighway</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Pulmonary atelectasis Best</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (b) <u>Pre-maturity - 26 weeks.</u>		
Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
				<u>7625</u>
22. I hereby certify that I attended the deceased from <u>3/23, 1952</u> , to <u>3/24, 1952</u> , that I last saw the deceased alive on <u>3/24, 1952</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED
<u>Roy V. Boedeker M.D.</u>		<u>453 N. Taylor</u>		<u>3/25/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<u>Burial</u>		<u>3/26/52</u>	<u>Calvary Cemetery</u>	<u>St. Louis, Missouri</u>
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
<u>MAR 25 1952</u>		<u>Carl Smith</u>		<u>W. A. Stack Montgomery</u> <u>2117 E Grand</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 ^{not} embalmed by me, or by _____

Student Embalmer No. _____

~~working under my personal supervision.~~

Student

Student Embalmer

Signed

Frank A. Morse

Licensed Embalmer No. *3041*

P. O. Address. *2117 E. 11th*

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.

Not Embalmed