

S. No. 300
v. 10-45

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11489**

FILED MAR 20 1952

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 6076		Registrar's No. 544				
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWNSHIP Affton			4000		
d. FULL NAME OF HOSPITAL OR INSTITUTION RR 14, Box 710				d. STREET ADDRESS (If rural, give location) RR 14, Box 710						
3. NAME OF DECEASED (Type or Print) MARIE			a. (First)		b. (Middle) H.		c. (Last) MUELLER			
4. DATE OF DEATH		(Month) Feb.		(Day) 27		(Year) 1952				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 15, 1887		9. AGE (In years last birthday) 64		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Germany			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Ernest Mueller				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ernest Mueller					ADDRESS RR 14, Box 710, Affton, Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Carcinoma of Rectum						INTERVAL BETWEEN ONSET AND DEATH 1 yr.		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma rectum for advanced -						1 3/4 yrs.		
		DUE TO (c)								
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 154X								
19a. DATE OF OPERATION 5/22/51		19b. MAJOR FINDINGS OF OPERATION For advanced Carcinoma Rectum						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)						
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 5-16-51 , 19 51 , to 2/27 , 19 51 , that I last saw the deceased alive on 2-11 , 19 52 , and that death occurred at 1 P. m., from the causes and on the date stated above.										
23a. SIGNATURE Robert H. Cron, M.D.				(Degree or title)		23b. ADDRESS 3606 S. Worces		23c. DATE SIGNED 2/28/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Park Hill Cem.		24d. LOCATION (City, town, or county) (State) Denny Road, Affton, Mo.				
DATE/REC'D BY LOCAL REG. 2-28-52		REGISTRAR'S SIGNATURE Herbert R. Somke		REGISTRAR'S ADDRESS 7814 So. Broadway, St. Louis, Mo. 11		5. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister			ADDRESS U. & L. Co.	

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

Dr. Louis Hutton
3606 Gravois
PR 0568

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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 *Lina C. Hoffmeister*

Signed.....
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.