

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22414**

FILED JUN 27 1952

318

1003

Registrar's No. **5445**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. LENGTH OF STAY (In this place) 6, yrs 9, mo, 13 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital				d. STREET ADDRESS (If rural, give location) 13 5600 Arsenal St			
3. NAME OF DECEASED (Type or Print) Michael		a. (First)		b. (Middle)		c. (Last) Mueller	
4. DATE OF DEATH (Month) (Day) (Year) 6 13 52		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH February 4, 1876		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 4 Days 9		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucking U.S. Mail		10b. KIND OF BUSINESS OR INDUSTRY Post Office to Trains		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Michael Mueller		13b. MOTHER'S MAIDEN NAME Elizabeth Muth		14. NAME OF HUSBAND OR WIFE Not known			
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. 702-18-7644		17. INFORMANT'S SIGNATURE OR NAME ADDRESS City Infirmiry Records 5600 Arsenal ST			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES 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 Hypochromic Anemia				INTERVAL BETWEEN ONSET AND DEATH years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from 8/2/45 19 45 , to 6/13 19 52 , that I last saw the deceased alive on 6/13 19 52 , and that death occurred at 2:5AM m., from the causes and on the date stated above.							
23a. SIGNATURE George Oster M.D. (Degree or title)				23b. ADDRESS 5600 Arsenal		23c. DATE SIGNED 6/13/52	
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/16/52		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) (State). St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUN 13 1952		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John H. Gebken Sons Und. Co. 2630 Gravois Ave			

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

Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave,

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.