

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

23168

State File No.

WED JUN 27 1952
BIRTH NO.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1472

400

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri,</u> b. COUNTY <u> </u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u> <u>2249</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>2208a Keokuk St.,</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kathryn</u>		b. (Middle) <u> </u> c. (Last) <u>Muellman</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 3, 1952.</u>		5. SEX <u>Female,</u> 6. COLOR OR RACE <u>White,</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single,</u>		8. DATE OF BIRTH <u>February 21, 1875</u>	
9. AGE (In years last birthday) <u>77</u> 10. MONTHS <u> </u> 11. DAYS <u> </u> 12. HOURS <u> </u> 13. MIN. <u> </u>		9. AGE (In years last birthday) <u>77</u> 10. MONTHS <u> </u> 11. DAYS <u> </u> 12. HOURS <u> </u> 13. MIN. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Angelica Jackets</u>	
11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois,</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Phillip Muellman,</u>		13b. MOTHER'S MAIDEN NAME <u>Karlynn Luning,</u>	
14. NAME OF HUSBAND OR WIFE <u> </u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Mueller,</u> ADDRESS <u>7045 Deer Path Lane, Afton,</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>Ch. Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u> </u>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Senil arteriosclerosis</u>	
DUE TO (c) <u>Senility</u>		DUE TO (c) <u>Senility</u>	
II. OTHER SIGNIFICANT CONDITIONS		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death. <u>deafness</u>		Conditions contributing to the death but not related to the disease or condition causing death. <u>deafness</u>	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u> </u>		21f. HOW DID INJURY OCCUR? <u> </u>	
22. I hereby certify that I attended the deceased from <u>Feb 1952</u> to <u>June 3, 1952</u> , that I last saw the deceased alive on <u>June 2, 1952</u> , and that death occurred at <u>2:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P. H. Denny MD</u> (Degree or title)		23b. ADDRESS <u>Creve Coeur, Mo</u>	
23c. DATE SIGNED <u>6-4-52</u>		23c. DATE SIGNED <u>6-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u>		24b. DATE <u>6/6/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cem,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG <u> </u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u> </u> ADDRESS <u>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u> </u> ADDRESS <u>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</u>	

SW (Licensed Embalmer's Statement on Reverse Side)

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 _____ me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed

Loren E. Percy

Licensed Embalmer No. 4094

2842 Meramec St.,
P. O. Address St. Louis, 18, Mo.

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.