

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26150**
Registrar's No. **5563**

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	REGISTRAR'S NO. 5563	
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 OR TOWN St. Louis, Missouri)		c. LENGTH OF STAY (in this place) 16 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis (21)		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			d. STREET ADDRESS (If rural, give location) Halls Ferry Memorial Home 2115 Kappel Drive		
3. NAME OF DECEASED (Type or Print) a. (First) AUGUST b. (Middle) _____ c. (Last) MUETZE			4. DATE OF DEATH (Month) (Day) (Year) JUNE 15, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 11, 1865	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Peter Muetze		13b. MOTHER'S MAIDEN NAME Elizabeth Garthe		14. NAME OF HUSBAND OR WIFE Rose Muetze	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. William S. Moore ADDRESS U. City, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" 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? 334X	
22. I hereby certify that I attended the deceased from 6-14-52 , 19____, to 6-15-52 , 19____, that I last saw the deceased alive on 6-15-52 , 19____, and that death occurred at 9:35A m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) F. J. Catanzaro M.D.			23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 6-16-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 17, 1952	24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cem.		24d. LOCATION (City, town, or county) (State) Belleville Illinois
DATE REC'D BY LOCAL AGENT JUN 16 1952 G.		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Chas Burke ADDRESS E. St. L., Ill.	

WRITE PLAINLY—USING UNFAADING 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

Chas Burke

Licensed Embalmer No. 2421

P. O. Address E. St. Louis, Ill.

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.