

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **26687**

FILED JUL 23 1952

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>590</b>		Registrar's No. <b>1826</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b> <b>4</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Valley Park</b>		c. LENGTH OF STAY (In this place) <b>8 Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Valley Park</b> <b>4761</b>		d. STREET ADDRESS (If rural, give location) <b>22 Front St.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Moll Nursing Home</b>								
3. NAME OF DECEASED (Type or Print) a. (First) <b>Dona</b> b. (Middle) <b>Lu</b> c. (Last) <b>Mueller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 1, 1952</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>		8. DATE OF BIRTH <b>May 25, 1935</b>		
9. AGE (In years last birthday) <b>17</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none (invalid)</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Mueller</b>			13b. MOTHER'S MAIDEN NAME <b>Harriet Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Mueller, Valley Park, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bilateral Virus Bronchopneumonia</b>					<b>1 wk</b>	
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.						
		DUE TO (b) <b>amblyopia</b>						
		DUE TO (c) <b>amblyopia</b>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>minor - except Cerebral Spastic</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>49-2X</b>					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 <b>1 March, 1952</b> , to <b>1 July, 1952</b> , that I last saw the deceased alive on <b>1 July, 1952</b> , and that death occurred at <b>9:20 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>J. J. Bennett M.D.</b> (Degree or title)				23b. ADDRESS <b>243 W. Jefferson, Parkville</b>		23c. DATE SIGNED <b>7-5-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 4, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart</b>		24d. LOCATION (City, town, or county) (State) <b>Valley Park, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-3-52</b>		REGISTRAR'S SIGNATURE <b>Nesbert R. Donke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Schrader Funeral Home, Ballwin, Mo.</b> ADDRESS				

sw (Licensed Embalmer's Statement on Reverse Side)

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

*Geo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address. *Bellevue, W.*

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.