

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33258**  
**7984**

FILED SEP 25 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7984**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2169</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Brothers Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>16 3217 a Morganford</b>	
3. NAME OF DECEASED a. (First) <b>HENRY</b> (Type or Print)		b. (Middle) <b>GEORGE</b>	
c. (Last) <b>MUELLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 20, 1952</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>Aug. 10, 1902</b>
9. AGE (In years last birthday) <b>50</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Sullivan, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Welder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Medart Mftg. Co.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Unknown</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>491242249</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Alice Mueller 3217a Morganford</b>
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) <b>Toxic psychosis</b> ANTECEDENT CAUSES <b>Unknown Etiology</b> 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.	
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) <b>St. Louis, Ind</b>	
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 <b>343 x G</b>	
22. I hereby certify that I attended the deceased from <b>8/26/52</b> to <b>8/26/52</b> , that I last saw the deceased alive on <b>8/20/52</b> , and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) <b>J. H. Meyer, M.D.</b>		23b. ADDRESS <b>539 N. Grand</b>	
23c. DATE SIGNED <b>8/25/52</b>			
24a. BURIAL CREMATION REGIONAL (Specify)	24b. DATE <b>Aug. 23, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>DeSoto Mo.</b>
DATE REC'D BY LOCAL REG. <b>AUG 22 1952</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin F. Home 2301 Lafayette Ave.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Toxic encephalitis. Etiology unknown

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

*H. G. Farnus*

Licensed Embalmer No. 3384

P. O. Address 2301 Lehigh 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.