

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36689

State File No. \_\_\_\_\_

FILED NOV 12 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9083

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, Missouri		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2169	
d. STREET ADDRESS 3705 Hydraulic		d. STREET ADDRESS (If rural, give location) 16 3705 Hydraulic	
3. NAME OF DECEASED (Type or Print) JOSEPH		a. (First) b. (Middle) c. (Last) MUELLER	4. DATE OF DEATH (Month) (Day) (Year) September 29, 1952
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single U	8. DATE OF BIRTH Jan. 8, 1869
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (City and State of Foreign Country) Germany 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Henry Mueller		13b. MOTHER'S MAIDEN NAME Gertrude unk	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elsa Jung 3705 Hydraulic	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis		INTERVAL BETWEEN ONSET AND DEATH	
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. Hematuria			
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		578X	
22. I hereby certify that I attended the deceased from Sept. 29, 1952, to Sept. 29, 1952, that I last saw the deceased alive on Sept. 29, 1952, and that death occurred at 11:55P m., from the causes and on the date stated above.			
23a. SIGNATURE Meredith Payne M.D.		23b. ADDRESS 1515 Lafayette Ave.	
23c. DATE SIGNED 9-30-52			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
24e. LOCAL REGISTRY		24f. REGISTRAR'S SIGNATURE	
24g. DATE REC'D BY LOCAL REGISTRY		24h. REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 6322 S. Grand Blvd.	

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

Handwritten notes on the left margin: "Handwritten: 1/2 of no. 318, 1003, 9083, 36689"

**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

*David C. Johnson*

Licensed Embalmer No. *4242*

P. O. Address .....

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.