

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7803**
Registrar's No. **1467**

BIRTH NO. **FILED FEB 26 1953** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4213 S. Kingshighway Bl.		d. STREET ADDRESS (If rural, give location) 4213 S. Kingshighway Bl.	
3. NAME OF DECEASED (Type or Print) a. (First) LEOPOLD (LEO) b. (Middle) A. H. c. (Last) MUELLER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13, 1879
9. AGE (In years last birthday) 73		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Philadelphia, Pa.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician (Retired)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Philip Mueller		13b. MOTHER'S MAIDEN NAME Catherine Newman	
14. NAME OF HUSBAND OR WIFE Etta Mueller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Etta Mueller ADDRESS 4213 S. Kingshighway	
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) UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO NEPHROSCLEROSIS DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE 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 type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? 4200		22. I hereby certify that I attended the deceased from Jan 27, 1950 , to FEB 5, 1953 , that I last saw the deceased alive on FEB 5, 1953 , and that death occurred at 6:25 P m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) George A. Newman MD		23b. ADDRESS 5203 Chapman	
23c. DATE SIGNED 2/6/53		24. BIRTHAL, CREMATION, REMOVAL (Specify) Removal	
24a. DATE Feb. 9, 1953		24b. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
24c. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl	
DATE REC'D BY LOCAL REG. FEB 6 1953		REGISTRAR'S SIGNATURE Carl Smith MD	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William R. White

Licensed Embalmer No. 50241

P. O. Address 4228 West Kings Highway

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.