

**STANDARD CERTIFICATE OF DEATH**

State File No. **7804**  
**1974**

No. 300  
10.48

**FILED MAR 11 1953**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (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) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>13 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>4308 N. Euclid Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4308 N. Euclid Ave.</b>		7 <b>4308 N. Euclid Ave.</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Theodore F. Mueller</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Feb. 17, 1953.</b>	
a. (First)	b. (Middle)	c. (Last)	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Nov. 30, 1877</b>
<b>9. AGE</b> (In years last birthday) <b>75</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Sign painter</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Paint</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Charles, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>	

<b>13a. FATHER'S NAME</b> <b>Adam Mueller</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Anna Rziha</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Amelia Mueller</b>
--	---	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Elmer Hampe, 4308a N. Euclid Ave.</b>
--	--------------------------------	---

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Thrombosis Arrhythmia</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Articular Rheumatic Cardiac Valvular Disease</b>		
<b>11. OTHER SIGNIFICANT CONDITIONS*</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>4200</b>

**22. I hereby certify that I attended the deceased from Nov., 1940, to Feb. 17, 1953, that I last saw the deceased alive on Feb. 6, 1953 and that death occurred at 1:30 A.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Charles W. Hamilton</i>	(Degree or title)	<b>23b. ADDRESS</b> <b>4020 N. Flourissant</b>	<b>23c. DATE SIGNED</b> <b>2/19/53</b>
---	-------------------	---	---

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>2/20/53</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Grove Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis County, Mo.</b>
--	------------------------------------	--	--

<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 20 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Calvin F. Feutz</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Calvin F. Feutz</i>	<b>ADDRESS</b> <b>4828 Natural Bridge Blvd.</b>
---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

FOR M. FOLLETT AVENUE  
11 A.M. to 2 P.M. Thursday

*St. Louis City*

**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 *John A. McManis*  
Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

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.