

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19098**

FILED JUN 15 1953
BIRTH NO. **12 453** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **198**

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before death, if not) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 102 TWIN ST. BONNE TERRE		d. STREET ADDRESS (If rural, give location) 102 TWIN ST.	

3. NAME OF DECEASED (First) ROBERT	b. (Middle) ANTHONY	c. (Last) MUELLER	4. DATE OF DEATH (Month) (Day) (Year) JUNE 5 1953
---	----------------------------	--------------------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 13, 1908	9. AGE (In years last birthday) 44	10. UNDER 1 YEAR (Months) 11	11. UNDER 24 HRS. (Days) 22	12. CITIZEN OF WHAT COUNTRY? U.S.A
--------------------	-------------------------------	---	---------------------------------------	---	-------------------------------------	------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) CLERK	10b. KIND OF BUSINESS OR INDUSTRY ST. JOSEPH LEAD	11. BIRTHPLACE (City and State or Foreign Country) BREESE ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A
---	--	---	---

13a. FATHER'S NAME HUBERT MUELLER	13b. MOTHER'S MAIDEN NAME MARY REILMAN	14. NAME OF HUSBAND OR WIFE ANN MUELLER
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 489-10-5875	17. INFORMANT'S SIGNATURE OR NAME ANN MUELLER	ADDRESS BONNE TERRE MO.
---	--	--	--------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Monoblastic Leukemia		INTERVAL BETWEEN ONSET AND DEATH 3 months
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	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 **March 9, 1953**, to **June 5, 1953**, that I last saw the deceased alive on **June 5, 1953**, and that death occurred at **1:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Maurin J. Haw, J. M.D. (Degree or title)	23b. ADDRESS Bonne Terre, Mo.	23c. DATE SIGNED 6-8-53
--	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 8, 1953	24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S	24d. LOCATION (City, town, or county) (State) BONNE TERRE MO
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. June 8, 1953	REGISTRAR'S SIGNATURE Ethel Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Bertram Hall	ADDRESS Bonne Terre, Mo.
--	--	--	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

APR 24 1961

VS APR 11 1961

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

Caroline J. Raywell

Licensed Embalmer No.

3706

P. O. Address

Boone, Tenn.

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.