

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19718

State File No. _____

FILED JUN 1-1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4645

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> c. LENGTH OF STAY (In this place) <u>2 MONTHS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> d. STREET ADDRESS (If rural, give location) <u>2019 4107 FILLMORE</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>CLIFFORD</u> b. (Middle) <u>NMN</u> c. (Last) <u>MUELLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>5</u> <u>53</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY-22-1901</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TAXICAB</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOHN MUELLER</u>	13b. MOTHER'S MAIDEN NAME <u>BERTHA SCHAAT</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET-MUELLER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARGARET MUELLER - 4107 FILLMORE</u>

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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>EPIDERMOID CARCINOMA OF THE BLADDER, FAR ADVANCED</u> ANTECEDENT CAUSES _____ Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1 YEAR</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>3/31/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>BILATERAL DORSAL CORDOTOMY FOR INTRACTABLE PAIN.</u>		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) <u>181X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from 3/21, 1953, to 5/5, 1953, that I last saw the deceased alive on 5/5, 1953, and that death occurred at 11:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. Bradley, M.D.</u> (Degree or title)	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>5/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>5-8-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIRAM CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO MO</u>

DATE REC'D BY LOCAL REG. <u>MAY 7 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B. SMITH - MAPLEWOOD - 17 - MO</u>
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G.B. (Licensed Embalmers' Statement on Reverse Side)

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

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



Licensed Embalmer No. 4029

P. O. Address Maplewood

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.