

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32234

FILED SEP 21 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5395 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give RURAL and of township) <u>Central Rock</u> OR TOWN <u>KIMSWICK</u>		c. LENGTH OF STAY (In this place) <u>4 DAYS</u>	c. CITY OR TOWN <u>ST LOUIS MO</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FOUR OAKS NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>329 SIDNEY ST 2239</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTON</u> b. (Middle) <u>S</u> c. (Last) <u>MUELLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 29 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV 6 1886</u>		9. AGE (In years last birthday) <u>66</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 10 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AMERICAN CAR CO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>					

13a. FATHER'S NAME <u>HENRY MUELLER</u>		13b. MOTHER'S MAIDEN NAME <u>MAGGIE SUSS</u>		14. NAME OF HUSBAND OR WIFE <u>MYRTLE MUELLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>490-01-0788</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Cath Mueller 329 SIDNEY</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Myo Carditis</u> <u>Angeritis Neurotica</u> <u>Rheumatic Arthritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>3 years</u> <u>2 year</u>
	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 <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>	

22. I hereby certify that I attended the deceased from 8/28 1952, to 8/29 1953, that I last saw the deceased alive on 8/28 1953, and that death occurred at 5:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE Wm Dembicki M.D. (Degree or title) 23b. ADDRESS 3450 Grand Ave 23c. DATE SIGNED 9/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE SEPT 12 1953 24c. NAME OF CEMETERY OR CREMATORY ST PETER & PAUL CEM 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. Sept 5 - 1953 REGISTRAR'S SIGNATURE Ruth Jirsa 438 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm J. Robert L & U. Co 1905 S. Grand

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD
REGISTRAR

05000
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

SEP 22

DATE RECEIVED SEP 10 1953

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.....
Signature of Student Embalmer

Signed: *Ronald O Yalake*.....

Licensed Embalmer No. *3917*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.