

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1809

State File No.

No. 300

10-48

FILED FEB 15 1954

REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY County of Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Township	
c. LENGTH OF STAY (in this place) Unk		d. STREET ADDRESS (If rural, give location) near Kimmswick, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Four Oaks Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle)	c. (Last) Mueller	4. DATE OF DEATH (Month) (Day) (Year) Feb. 3 1954
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 10 1867	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired salesman	10b. KIND OF BUSINESS OR INDUSTRY Coal Co. DUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Anna (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give year or date of service) 496-14-2034A	17. INFORMANT'S SIGNATURE OR NAME Joseph Miller, 575 W. Lockwood	ADDRESS Webster Groves, Mo
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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) Cor. Myocarditis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) arterio sclerosis		
	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"/>
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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) Kimmswick, Jefferson Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 1953 to 2/3 1954, that I last saw the deceased alive on 1/29 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O. Heubner	23b. ADDRESS Imperial Mo	23c. DATE SIGNED 2/3/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Feb. 6, 1954	24c. NAME OF CEMETERY OR CREMATORY Old Pickers Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. Feb 6 1954	REGISTRAR'S SIGNATURE Ruth J. Ford	25. FUNERAL DIRECTOR'S SIGNATURE Ziegenhein Bros.	ADDRESS 6409 Gravois, St. Louis, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED FEB 10 1954

FEB 15 1954

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

Van M. Sigensore

Licensed Embalmer No. 4343

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.