

10.300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39054

FILED NOV 22 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10187**

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|--|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. LENGTH OF STAY (In this place) 1 Yr 7 Mo. | | c. CITY OR TOWN St. Louis, | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital | | e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal Street. | | | |
| 3. NAME OF DECEASED (Type or Print) Nettie Mueller | | | 4. DATE OF DEATH October 30- 54 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY | | 8. DATE OF BIRTH Mar. 31, 1872 | |
| 11. BIRTHPLACE (City and State or Foreign Country) Iowa | | 9. AGE (In years last birthday) Months Days Hours Min. 82 | | | |
| 13a. FATHER'S NAME David Schaffner | | 13b. MOTHER'S MAIDEN NAME Mary - | | 14. NAME OF HUSBAND OR WIFE Joseph Mueller | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records 5800 Arsenal St. | |

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|--|--|---|--|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardio-vascular Disease. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | |
| 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 443X | |

22. I hereby certify that I attended the deceased from **March 24**, 19 **53** to **Oct. 30**, 19 **54**, that I last saw the deceased alive on **Oct. 30**, 19 **54** and that death occurred at **8:45 P.M.**, from the causes and on the date stated above.

| | | | | | | | |
|--|--|-------------------|--|---|--|-------------------------------------|--|
| 23a. SIGNATURE <i>Palmer R. ...</i> | | (Degree or title) | | 23b. ADDRESS 5800 Arsenal St. | | 23c. DATE SIGNED 10/31/54 | |
|--|--|-------------------|--|---|--|-------------------------------------|--|

| | | | | | | | |
|---|--|------------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) cremation | | 24b. DATE 11-12-54 | | 24c. NAME OF CEMETERY OR CREMATORY City Crematory | | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | |
|---|--|------------------------------|--|---|--|---|--|

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|--|--|--|--|--|--|------------------------------------|--|
| DATE REC'D BY LOCAL REG. NOV 10 1954 | | REGISTRAR'S SIGNATURE <i>J. Charles Smith</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE J. Ryan | | ADDRESS 5800 Arsenal St. | |
|--|--|--|--|--|--|------------------------------------|--|

(Licensed Embalmer's 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..

NOT EMBALMED

CREMATED BY CITY

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.