

FILED DEC 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. **42651**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10765**

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **1925 College Avenue**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY _____
 c. CITY OR TOWN **St. Louis**
 d. Is residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) **1925 College Avenue** **20990**

3. NAME OF DECEASED
 a. (First) **ANNA** b. (Middle) **R.** c. (Last) **MUELLER**
4. DATE OF DEATH (Month) (Day) (Year) **Nov. 26, 1954**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Widow** **8. DATE OF BIRTH** **Sept. 6, 1873** **9. AGE** (In years last birthday) **81** **2** **20** **11. BIRTHPLACE** (City and State or Foreign Country) **St. Louis, Missouri** **12. CITIZEN OF WHAT COUNTRY?** **USA**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House work** **10b. KIND OF BUSINESS OR INDUSTRY** _____

13a. FATHER'S NAME **Joseph Winkelmann** **13b. MOTHER'S MAIDEN NAME** **Caroline Sumers** **14. NAME OF HUSBAND OR WIFE** **Deceased**

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.** **None** **17. INFORMANT'S SIGNATURE OR NAME** **Miss Marie Mueller** **ADDRESS** **1925 College Av**

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) **Cerebral Hemorrhage**
 ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.** DUE TO (b) **Arteriosclerosis** DUE TO (c) **General**
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 NO

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 NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** **33IX**

22. I hereby certify that I attended the deceased from **Nov 25, 1954**, to **Nov 26, 1954**, that I last saw the deceased alive on **Nov 26, 1954**, and that death occurred at **12:30 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Francis W. Mueller** **23b. ADDRESS** **4114 Walden** **23c. DATE SIGNED** **11/26/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **Nov 29 1954** **24c. NAME OF CEMETERY OR CREMATORY** **Calvary Cemetery** **24d. LOCATION** (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **NOV 26 1954** **REGISTRAR'S SIGNATURE** **Charles Smith** **25. FUNERAL DIRECTOR'S SIGNATURE** **4746** **ADDRESS** **Bromschwig and Son W Florissant**

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.....
Signature of Student Embalmer

Signed.....

John S. Lennet
Licensed Embalmer No. 419
P. O. Address St. Louis

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.