

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13712

FILED APR 28 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3210**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN ST. LOUIS Mo	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 49
d. FULL NAME OF HOSPITAL OR INSTITUTION 3649 NEBRASKA 24		e. STREET ADDRESS (If rural, give location) 3649 NEBRASKA	

3. NAME OF DECEASED (Type or Print) CHARLES MUELLER			4. DATE OF DEATH APRIL 8 1955		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 22 1888	9. AGE (in years last birthday) 66	If UNDER 1 YEAR	If UNDER 12 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE PULLOVER		10b. KIND OF BUSINESS OR INDUSTRY BROWN SHOE CO		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U-S-A	
--	--	--	--	--	--	---	--

13a. FATHER'S NAME WILLIAM MUELLER		13b. MOTHER'S MAIDEN NAME CATHERINE ECKA MINNETTE MUELLER		14. NAME OF HUSBAND OR WIFE MINNETTE MUELLER	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 497-05-6008A	17. INFORMANT'S SIGNATURE OR NAME MINNETTE MUELLER ADDRESS 3649 NEBRASKA			
---	---	--	--	--	--

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) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 1 hour	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic heart disease			unknown	
	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	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4116X
---	--	---

22. I hereby certify that I attended the deceased from **June 1940**, to **April 8, 1955**, that I last saw the deceased alive on **March 25, 1955**, and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.	23b. ADDRESS 3616 S. Balmey, St. Louis	23c. DATE SIGNED 4-9-55
---	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 11 1955	24c. NAME OF CEMETERY OR CREMATORY NEW ST. MARGUS	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. APR 11 1955	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Travis
---	--	---

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 *Leo J. Budde*
Licensed Embalmer No. *398*
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.