

FILED APR 28 1955

STANDARD CERTIFICATE OF DEATH

13713

State File No. 3467

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Missouri		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		c. CITY OR TOWN St Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 18 days		STREET ADDRESS (If rural, give location) 6 5891 Roosevelt	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chronic Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) _____ c. (Last) Mueller	4. DATE OF DEATH (Month) (Day) (Year) April 17, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/10/1873	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Phillip Mueller	13b. MOTHER'S MAIDEN NAME Rose Macklin	14. NAME OF HUSBAND OR WIFE Anna Mueller
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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. 498-07-5186	17. INFORMANT'S SIGNATURE OR NAME Chronic Hospital, 5600 Arsenal	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous Cell Carcinoma of Tongue with extension to Pharynx and metastasis to Cervical Lymph Nodes		
	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 _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 141X
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22. I hereby certify that I attended the deceased from **March 29, 1955**, to **April 17, 1955**, that I last saw the deceased alive on **April 17, 1955**, and that death occurred at **10:45 PM** from the causes and on the date stated above.

23a. SIGNATURE George M. Janaka, M.D. (Degree or title)	23b. ADDRESS 5600 Arsenal	23c. DATE SIGNED Apr. 18, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/21/55	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. APR 19 1955	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral	ADDRESS 1905 Union Blvd.
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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 *Warren A Carve*

Licensed Embalmer No. *353*

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.