

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 13 1955

13715

State File No. ....

318

1003

Registrar's No. .... 3619

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>63 yrs</b>	c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Brothers Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>15 3542 Itaska Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Philip</b> b. (Middle) <b>Jacob</b> c. (Last) <b>Mueller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 21, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>	8. DATE OF BIRTH <b>July 13, 1868</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired baker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bakery</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Conrad Peter Mueller</b>		13b. MOTHER'S MAIDEN NAME <b>Katherina Doerr</b>		14. NAME OF HUSBAND OR WIFE <b>Johanna Gast Mueller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>497-16-1104</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Adolph Mueller, 3425 Iowa Avenue</b>	
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Decomensation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>Chronic Protein Syndrome associated with cerebral thrombosis</b>  II. OTHER SIGNIFICANT CONDITIONS		
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 <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>4/19/55</b> 19___, to <b>4/21/55</b> , 19___, that I last saw the deceased alive on <b>4/20/55</b> , 19___, and that death occurred at <b>6:30 A. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>H. G. Amey M.D.</b>			23b. ADDRESS <b>16 Hampton Village</b>		23c. DATE SIGNED <b>4/22/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/23/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
DATE REC'D BY LOCAL REG. <b>APR 22 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Beiderwieden F.H. Inc., 1936 St. Louis AV</b>	

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

Dr. Paul M. Parashak,  
5203 Chippewa St.,  
FL 1-2354

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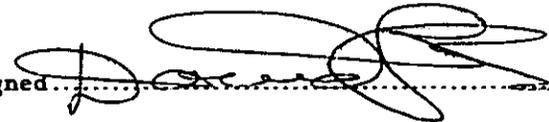
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

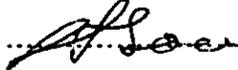
by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_  


Licensed Embalmer No. 45

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.