No. 300
10.48

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

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34456

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3052 Registrar's No. 248

1. PLACE OF DEATH
a. COUNTY: St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Charles
c. LENGTH OF STAY (In this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hill Side Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Charles
c. CITY OR TOWN: St Charles
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1904 Easton 09220

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): F.
c. (Last): Mueller

4. DATE OF DEATH (Month) (Day) (Year): Nov. 6 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Wodowed
8. DATE OF BIRTH: Aug. 30 1861
9. AGE (In years last birthday): 94 — If under 1 year: Months 2 Days 6 — If under 1 hr.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Bertha Schultz Mueller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Arthur Fischer St Charles Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac failure — Interval between onset and death: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — Undet.
DUE TO (c) Generalized Arteriosclerosis — Undet.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4200

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? None

22. *I hereby certify that I attended the deceased from* Oct. 10, 1955, *to* Nov. 4, 1955, *that I last saw the deceased alive on* Nov. 4, 1955, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: L R McIntire — (Degree or title): M.D.
23b. ADDRESS: St. Charles, Mo.
23c. DATE SIGNED: Nov. 7, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 8 1955
24c. NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery
24d. LOCATION (City, town, or county) (State): St Charles Mo.

DATE REC'D BY LOCAL REG.: Nov 8 1955
REGISTRAR'S SIGNATURE: Fannie Hamilton 284-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Arthur C Bauer St Charles Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

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. (F
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.