

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **6968**

318

PRIMARY REG. DIST. NO. **1003** Registrar's No. **1801**

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|---|-------------------------------|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 1801 | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 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 town) St. Louis | | c. LENGTH OF STAY (in this place township) 38 yrs. | | 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"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3858 Utah Place | | | | e. STREET ADDRESS (If rural, give location) 3858 Utah Place | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) REV. ERNST | | b. (Middle) F. | | c. (Last) MUELLER | | 4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 17, 1956 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH October 7, 1860 | | 9. AGE (In years last birthday) 95 | 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) Retired Minister | | 10b. KIND OF BUSINESS OR INDUSTRY Lutheran Pastor | | 11. BIRTHPLACE (City and State or Foreign Country) Heilbronn, Germany | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Heinrich Mueller | | | 13b. MOTHER'S MAIDEN NAME Louise Schwartzkopf | | 14. NAME OF HUSBAND OR WIFE Helma Mueller | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME Miss Irene Mueller, 3858 Utah Place ADDRESS _____ | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic heart disease Arteriosclerotic heart disease 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. | | | | INTERVAL BETWEEN ONSET AND 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) _____ | |
| 21d. TIME OF INJURY _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from _____, 19 36 , to Feb , 19 56 , that I last saw the deceased alive on 2-16 , 19 56 , and that death occurred at 10:15 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Bert H. Klein <i>Bert H. Klein</i> | | | | 23b. ADDRESS 2632 S. Kingshighway <i>2632 S. Kingshighway</i> | | 23c. DATE SIGNED 2-18-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE February 20, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE REC'D BY LOCAL REG. FEB 20 1956 | | REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H., Inc., 1936 St. Louis Ave. ADDRESS _____ | | | |

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

(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 embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Delia J. Krupin

Licensed Embalmer No. 34

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.