

300
48

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11191

State File No. _____

318

1003

2448

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL #1.</u>				STREET ADDRESS (If rural, give location) <u>16 3902 HUMPHREY ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HANS</u>			b. (Middle) _____			c. (Last) <u>MUELLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 6, 1956</u>							
5. SEX <u>MALE</u>		16. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 6 1884</u>	
9. AGE (In years last birthday) <u>71</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLEAN UP MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>JEPPERSON HOTEL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AUSTRIA HUNGARY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>AUSTRIA</u>		13a. FATHER'S NAME <u>NICK MUELLER</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE MOLITOR</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>496-36-5900</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ANNA VOGEL</u> ADDRESS <u>3902 HUMPHREY</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C.V.A. (cerebral thrombosis)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
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? _____					
22. I hereby certify that I attended the deceased from <u>2-25</u> , 19 <u>56</u> , to <u>3-6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-6</u> , 19 <u>56</u> , and that death occurred at <u>8:25P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Willard Schwartz M.D.</u>				23b. ADDRESS <u>1515 LAFAYETTE AVE.</u>		23c. DATE SIGNED <u>3-7-56.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 9 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 8 1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter 2906 Beavoie</u> ADDRESS _____			

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 *James C. Hill*.....

Licensed Embalmer No. *43*.....

P. O. Address *2906*.....

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.