

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14753

FILED APR 30 1956

State File No. ....

318

1003

Registrar's No. 3834

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____  |  | PRIMARY REG. DIST. NO. _____   |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>  |  | c. LENGTH OF STAY (in this place) _____   |  | c. CITY OR TOWN <b>St. Louis</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5028 Milentz Ave.</b>   |  |   |  | e. STREET ADDRESS (If rural, give location) <b>2 5028 Milentz Ave.</b>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>MARIE</b>   |  | b. (Middle) <b>C.</b>   |  | c. (Last) <b>MUETH</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Apr. 15 1956</b>  |  |
| 5. SEX <b>Female</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>  |  | 8. DATE OF BIRTH <b>Nov. 23, 1877</b>   |  |
| 9. AGE (In years last birthday) <b>78</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  | 13a. FATHER'S NAME <b>John N. Wagner</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Catherine E. Michel</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Late Peter J. Mueth</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY NO. <b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Zeller</b> ADDRESS <b>5028 Milentz Ave.</b>                                       |  |   |  |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertension</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Not known</b><br><b>7 days</b>   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  | 20. AUTOPSY?<br>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 <b>10:36</b> to <b>6:15</b> , 1956, that I last saw the deceased alive on <b>Apr 14</b> , 1956, and that death occurred at <b>9:20P</b> m., from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE <b>Otto Lieb</b> (Degree or title) <b>M.D.</b>  |  |   |  | 23b. ADDRESS <b>3608 S. Grand</b>  |  | 23c. DATE SIGNED <b>4/17/56</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>Apr. 18, 1956</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>S/S Peter &amp; Paul Cem.</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG. <b>APR 17 1956</b>  |  | REGISTRAR'S SIGNATURE <b>J. Cash Smith M.D.</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b> ADDRESS <b>4228 S. Kingshighway Bl.</b>                                     |  |   |  |

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 *Richard W. Stoverson*.....

Licensed Embalmer No. *400*.....

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.