

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18366

State File No.

318

1003

4002

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 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 Missouri b. COUNTY _____ | | | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | 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 Enroute to City Hospital | | | | e. STREET ADDRESS (If rural, give location) 24 3610 DeKalb | | 22470 | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) CHARLES | | b. (Middle) J. | | c. (Last) MUELLER | |
| 4. DATE OF DEATH | | (Month) 4 | | (Day) 21 | | (Year) 56 | |
| 5. SEX Male | | 6. COLOR OR RACE White | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N.M. | | 8. DATE OF BIRTH 6-2-1889 | |
| 9. AGE (In years last birthday) 66 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HR. Hours _____ Min. _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Joliet, Illinois | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Anheuser-Busch | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Charles Mueller | | 13b. MOTHER'S MAIDEN NAME Pauline Schaff | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. W.W. #1 | | 17. INFORMANT'S SIGNATURE OR NAME Florence Wegner, 3610 DeKalb | | | |
| 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* (a) Subdural Hemorrhage, massive; Cirrhosis, buffered when deceased apparently fell to floor of room at 254 So Broadway (near) due to (c) one April 20th, 1956 struck | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death | | 19a. DATE OF OPERATION _____ | | | | 19b. MAJOR FINDINGS OF OPERATION time unknown. 9040 | |
| 20. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:50 m., from the causes and on the date stated above. | | 21a. ACCIDENT SUICIDE OR HOMICIDE Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 20 56 ? m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? etc | | | |
| 22. SIGNATURE James M. Kelly | | 23a. ADDRESS 1300 Clark | | 23c. DATE SIGNED 4-23-56 | | | |
| 24a. HOSPITAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 4-24-1956 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo. | |
| DATE REC'D BY LOCAL REG. APR 23 1956 | | REGISTRAR'S SIGNATURE J. Carl Smith Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin F.H., Inc., 2301 Lafayette | | | |

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

3

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. 4
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.