

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28890

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7555

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 township) OR TOWN St. Louis		c. LENGTH OF STAY (If this place) 1 day		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 6419 Woodbine Court 2029					
3. NAME OF DECEASED (Type or Print) a. (First) Herbert			b. (Middle) C		c. (Last) Mueller		4. DATE OF DEATH (Month) (Day) (Year) Aug 13 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 25, 1897		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) auditor			10b. KIND OF BUSINESS OR INDUSTRY St. Louis Public Ser.			11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman Mueller			13b. MOTHER'S MAIDEN NAME Sophie Gleseking			14. NAME OF HUSBAND OR WIFE Anna			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) yes WW-1			16. SOCIAL SECURITY NO. 493-10-7760		17. INFORMANT'S SIGNATURE OR NAME Anna Mueller		ADDRESS 6419 Woodbine Ct		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEPATIC COMA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CIRRHOSIS OF LIVER</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>PRIMARY MALIGNANT HEPATOMA</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS.</u> <u>6 Mo's.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>155X</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>Dec. 27, 1955</u> , to <u>Aug. 13, 1956</u> , that I last saw the deceased alive on <u>Aug. 13, 1956</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Edward E. Cochran</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS 35 N. Central, Clayton, Mo.		23c. DATE SIGNED 8-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Aug. 16, 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. AUG 15 1956		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois				

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4863

P. O. Address 7077

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.