FILED FEB 18 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7035

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Hill — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Rock Hill 4631 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 9740 Mueck Tr. — Length of stay in lb 33 Yrs.	d. STREET ADDRESS (If outside, give location) 9740 Mueck Tr. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: FRANK	Middle: J.	Last: MUECK	4. DATE OF DEATH	Month: Jan. Day: 24 Year: 1957
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐	8. DATE OF BIRTH: March 15, 1879	9. AGE (In years last birthday): 77	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): Former owner of Mueck	10b. KIND OF BUSINESS OR INDUSTRY: Auto Body Co.	11. BIRTHPLACE (City and state or country): (Retired) Austria	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Johann Mueck	14. MOTHER'S MAIDEN NAME: Pauline Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 489-05-5530	17. INFORMANT: Stephanie Rettig — Address: 41 Forest Glen La. Kirkwood			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardio Vascular Disease — yes

DUE TO (c) 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Diverticuli of Duodenum. Atelectasis R X Middle Lobe

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-26-56, to 1-24-57 and last saw her/him alive on 1-24-57

Death occurred at 6:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature]	22b. ADDRESS: 5203 Chippewa	22c. DATE SIGNED: 1/26/57
23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation	23b. DATE: Jan. 28, 1957	23c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
23d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.		
24. FUNERAL DIRECTOR: Kriegshauser — ADDRESS: 4228 S. Kingshighway	25. DATE RECD. BY LOCAL REG.: 1-26-57	26. REGISTRAR'S SIGNATURE: Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed William B. White.....

Licensed Embalmer No. 42

P. O. Address 4228 [illegible]

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.