

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15075

STATE FILE NUMBER 2927

FILED APR 22 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

Health & Welfare
Public Health Service
S. 380
V. 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
securing the medical certification in the specific manner required by 193.140 WORKS 1957.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE!

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY St. Louis,		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City 5, 4346		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 08 Deaconess Hospital			Length of stay in 1b 4 days		d. STREET ADDRESS #7136 Cornell Ave. 27
3. NAME OF DECEASED (Type or print) First AMELIA Middle AGNES Last MUNDT.			4. DATE OF DEATH Month Day Year March 25, 1957		
5. SEX Female.	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 24, 1883.	9. AGE (In years last birthday) 73.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and state or country) St, Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ewald Koerner.			14. MOTHER'S MAIDEN NAME Ida Thibaut.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no. no.		16. SOCIAL SECURITY NO. none.	17. INFORMANT Address #7136 Mrs Gilbert Early Jr. Cornell Ave.		
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 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Coronary arteriosclerotic heart disease ?
					DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.1		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 May 1953 to 3/25/57 and last saw her alive on 3/25/57 Death occurred at 8:10 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C.E. Mueller M.D.			22b. ADDRESS 634 N. Grand Blvd.		22c. DATE SIGNED 3/26/57
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Mch 28, 1957	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery.		23d. LOCATION (City, town, or county) (State) #7800 St. Charles Road.
24. FUNERAL DIRECTOR ADDRESS C.R. Lupton & Sons 7233 Delmar Blvd.			25. DATE RECD. BY LOCAL REG. MAR 26 57		26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. SP.

Dr. Mueller.
Hrs: 2. - 4.
Missouri Theatre Bldg.
JE: 3-7469.

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 *Clarence A. Murr*

Licensed Embalmer No. *4011*

P. O. Address *St. Louis*

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.