

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19103

State File No. ....

FILED MAY 20 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3907**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Schoups**

b. CITY (If outside corporate limits, write RURAL and give township) **ST LOUIS**  
c. LENGTH OF STAY (in this place) **6 mos**

c. CITY OR TOWN **4000 MEHNVILLE 0**  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST ANTHONY HOSP.**

e. STREET ADDRESS (If rural, give location) **27 Rf 8-Box 235**

3. NAME OF DECEASED  
a. (First) **LILLIE** b. (Middle) **LOUISE** c. (Last) **MUELLER**

4. DATE OF DEATH (Month) (Day) (Year)  
**April 20 1957**

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **Nov. 27-1885**

9. AGE (In years last birthday) **70** if UNDER 1 YEAR **5** if UNDER 12 HRS. **7**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**

10b. KIND OF BUSINESS OR INDUSTRY **HOME**

11. BIRTHPLACE (City and State or Foreign Country) **MEHNVILLE, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **JOHN WARMBRODT**

13b. MOTHER'S MAIDEN NAME **CAROLINE FRIED**

14. NAME OF HUSBAND OR WIFE **JOHN MUELLER**

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. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**MR JOHN MUELLER Rf 8-Box 235 MEHNVILLE, Mo.**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **ADENOCARCINOMA OF UTERUS WITH METASTASES** INTERVAL BETWEEN ONSET AND DEATH **16 MOS (3)**  
ANTECEDENT CAUSES **METASTASES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **(Adenocarcinoma of uterus with metastases)**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **ANEMIA SECONDARY TO #1**  
Conditions contributing to the death but not related to the disease or condition causing death. **anemia secondary to #1**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION **174x**

20. AUTOPSY? YES  NO

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) (Minute) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **Out. 56 4-20-57**

22. I hereby certify that I attended the deceased from **OCT 1956** to **APR-20-1957**, that I last saw the deceased alive on **APR-20-1957**, and that death occurred at **7:35 p.m.** from the causes and on the date stated above.

23a. SIGNATURE **Henry Cooper** (Degree or title) **M.D.**

23b. ADDRESS **818 Olive St.**

23c. DATE SIGNED **4-23-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

24b. DATE **APR-24-1957**

24c. NAME OF CEMETERY OR CREMATORY **OLD ST JOHNS P.C.M.**

24d. LOCATION (City, town, or county) (State) **MEHNVILLE, Mo.**

DATE REC'D BY LOCAL REG. **APR 24 57** REGISTRAR'S SIGNATURE **J. Carl Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Mrs. Fey FUNERAL HOME, MEHNVILLE, Mo.**

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~~ W. W. Remelius, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed W. W. Remelius

Licensed Embalmer No. 4219

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.