

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25151

FILED AUG 1 1957

State File No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>159</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____			
b. CITY OR TOWN <u>FESTUS Rural</u>		c. LENGTH OF STAY (in this place) <u>8 MONTHS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>		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 <u>MOUNTAIN VIEW NURSING HOME</u>				e. STREET ADDRESS (If rural, give location) <u>6430 PERIOD 2470</u>			
3. NAME OF DECEASED a. (First) <u>THEODORE</u> (Type or Print)			b. (Middle) <u>HENRY</u>			c. (Last) <u>MUELLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7-18-1957</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>1-7-1884</u>		9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLEAN (RETIRED)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, MO</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U. S. A</u>		13a. FATHER'S NAME <u>TOENISS MUELLER</u>		13b. MOTHER'S MAIDEN NAME <u>KIVINOV IV</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. MARIE MUELLER</u>	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NOVE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marie Mueller</u>			
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) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES <u>Generalized arteriosclerosis</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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) <u>4200</u>			
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>May 15, 1957</u> , to <u>July 18, 1957</u> , that I last saw the deceased alive on <u>May 15, 1957</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. L. Kozal, M.D.</u> (Degree or title)				23b. ADDRESS <u>Crystal City, Mo.</u>		23c. DATE SIGNED <u>7-19-57</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-20-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETERS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>	
DATE REC'D BY LOCAL REG. <u>7-19-57</u>		REGISTRAR'S SIGNATURE <u>James G. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edward [Signature] 5930 Southwest</u>			

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 25 1957

AUG 2 1957

SEP 6 1957

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 *Keith B. Vinson*

Licensed Embalmer No. 4974

P. O. Address *Festus, Mo.*

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.