

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5300-58
4032
State File No. 113

FILED JAN 30 1958

BIRTH NO. REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 113

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Normandy		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 min.		e. STREET ADDRESS (If rural, give location) 963 Goodfellow	
3. NAME OF DECEASED (Type or Print) a. (First) Norma b. (Middle) Jean c. (Last) Mueller			
4. DATE OF DEATH (Month) (Day) (Year) 1 12 58			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) newborn	8. DATE OF BIRTH 1-12-58 ✓
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 30	IF UNDER 12 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) newborn		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Normandy, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Kenneth Carl Mueller		13b. MOTHER'S MAIDEN NAME Mary Joyce Hudson	14. NAME OF HUSBAND OR WIFE - None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -NONE	17. INFORMANT'S SIGNATURE OR NAME Kenneth Mueller ADDRESS 963 Goodfellow
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inter cerebral Pressure INTERCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Hydrocephalus DUE TO (c) 752X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from 1-12-58 , 19 58 , to 1-12-58 , 19 58 , that I last saw the deceased alive on 1-12 , 19 58 , and that death occurred at 9:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE [Signature] (Degree or title) MD.		23b. ADDRESS 6201 Lutes Dr	23c. DATE SIGNED 1-12-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/14/58	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL REG. 1-14-58	REGISTRAR'S SIGNATURE Herbert B. Domb...	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ ADDRESS 4828 NAT'L BRIDGE BLVD.	

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..... *Ralph C. Lenders*

Licensed Embalmer No. *4278*

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.