Health, Welfare Public Service

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FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-006196
STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN Hillsboro — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Castle Acres N. H. & Weeks — Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St Louis 2029 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS 4773 Eichelberger (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First: J Middle: Bernard Last: MUELLER

4. DATE OF DEATH Month 1 Day 25 Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 9-8-1883
9. AGE (In years at last birthday): 74 — 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): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: City Ice Co
11. BIRTHPLACE (City and state or country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: J.B. Mueller
13b. MOTHER'S MAIDEN NAME: Thekla Sanders
14. NAME OF HUSBAND OR WIFE: Elizabeth Haessig Mueller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 488-10-7067
17. INFORMANT: Elizabeth Mueller Address: 4773 Eichelberger

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) Gen. arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility 4500
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Sept 1957, to Jan 25, 58 and last saw him alive on Jan 24, 1958
Death occurred at 9:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul V. McNutty MD
22b. ADDRESS: Des Peres Mo
22c. DATE SIGNED: Jan 27, 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-29-1958
23c. NAME OF CEMETERY OR CREMATORY: S.S. Peter&Paul Cem
23d. LOCATION (City, town, or county) (State): St. Louis Mo

24. FUNERAL DIRECTOR: INGHERMUEHLE ADDRESS: 3819 SO Grand Blvd
25. DATE RECD. BY LOCAL REG.: 1-27-58
26. REGISTRAR'S SIGNATURE: Carl Bischoff MD, Ella Bierbaum, Dep

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED FEB 21 1958

FEB 25 1958

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 George J. Ungbermmelle

Licensed Embalmer No. 4611

P. O. Address Lam 18 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.