

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019980
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5270

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ENROUTE CITY Hosp.</u>		Length of stay in lb		d. STREET ADDRESS <u>4003^{1/2} CONNECTICUT</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWARD F. MUELLER SR.</u>			4. DATE OF DEATH Month Day Year <u>MAY 17 1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 31 1922</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>FRED MUELLER</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA WEBBE</u>	
14. NAME OF HUSBAND OR WIFE <u>RUTH MUELLER</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>YES WORLD WAR II</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>RUTH MUELLER</u>		Address <u>4003^{1/2} CONNECTICUT</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>1. Gunshot wound of skull and brain; 2. Gunshot wound of both lungs and aorta; suffered when shot with gun in hands of one, George DeFilippo, in store at 2800 Lafayette Av. about 6:55 p.m. May 17, 1958</u> WHETHER JUSTIFIED? DUE TO (b) <u>ABLE OR HOMICIDAL COULD NOT BE DETERMINED</u> DUE TO (c) <u>ABLE OR HOMICIDAL COULD NOT BE DETERMINED</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>OPEN VERDICT</u>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <u>Open Verdict</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See above</u>			
20c. TIME OF INJURY Hour Month, Day, Year <u>6:55 P. 5/17/58</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>store</u>			
20e. CITY, TOWN, OR LOCATION <u>St. Louis, Missouri</u>		20f. COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:20 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Carl Smith</u>			22b. ADDRESS <u>31300 C. Club</u>		22c. DATE SIGNED <u>5/19/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>MAY 21 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>S. S. PETER & PAUL</u>	
23d. LOCATION (City, town, or county) <u>ST. LOUIS Mo</u>		23e. GENERAL DIRECTOR <u>Thomas Kutes 2906 Gravois</u>		23f. ADDRESS	
24. DATE RECD. BY LOCAL REG. <u>MAY 19 58</u>		25. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>			

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 *Leo J. Buelde*
Licensed Embalmer No. *3989*
P. O. Address *St. Louis, 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.