

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026643
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Charles Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Charles 0920 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp. Length of stay in 1b		d. STREET ADDRESS (If outside, give location) R. R. #3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Antonia Middle Mueller Last Mueller			4. DATE OF DEATH Month July Day 18 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 21, 1886	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months 6 Days 27 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-keeper		10b. KIND OF BUSINESS OR INDUSTRY House-keeper		11. BIRTHPLACE (City and state or country) Femme Osage, Mo.		
13. FATHER'S NAME Arnold Dieckmann			14. MOTHER'S MAIDEN NAME Olga Dieckmann			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. Max Mueller, St. Charles, Mo. Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Heart Failure			INTERVAL BETWEEN ONSET AND DEATH 3 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocardial Infarction			
DUE TO (c) Coronary Sclerosis 4201			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Charles	COUNTY STATE
21. I attended the deceased from July 6 - 58 to July 18, 1958 and last saw her/him alive on July 16, 1958 Death occurred at 1130A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. M. Jenkins MD</i> (Degree or title)		22b. ADDRESS 110 North - 70	22c. DATE SIGNED July 19 - 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 21, 1958	23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	23d. LOCATION (City, town, or county) (State) St. Charles, Missouri
24. FUNERAL DIRECTOR Arthur C. Baue, St. Charles, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. July 21 - 58	26. REGISTRAR'S SIGNATURE <i>Rebecca Wilson</i>

(Licensed Embalmer's Statement of Reverse Side)

Health, & Welfare Public Service
9230
300
1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

AUG 4 1958

VS SEP 2 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 *Arthur C. Bane*.....

Licensed Embalmer No. *31*

P. O. Address *St. Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.