

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042013

STATE FILE NUMBER

FILED DEC 1 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11105

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 Good Samaritan		Length of stay in lb 2 Yrs. 2/28	d. STREET ADDRESS (If outside, give location) 4500 Washington Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Home Middle Last Emil C. Mueller		4. DATE OF DEATH Month Day Year 11 17 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> & DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 22, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Sterling Alum.	11. BIRTHPLACE (City and state or country) Johannesburg, Ill.
13a. FATHER'S NAME August Mueller		13b. MOTHER'S MAIDEN NAME Minnie Tannhauer	14. NAME OF HUSBAND OR WIFE Minnie Mary Mueller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-01-8807A	17. INFORMANT Address Rev. H. E. Koenig, 4500 Washington
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Parkinson's Disease</i> 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) <i>arteriosclerosis</i>			INTERVAL BETWEEN ONSET AND DEATH
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 <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 COUNTY STATE
21. I attended the deceased from <i>Nov. 13, 1958</i> to <i>Nov. 17, 1958</i> and last saw him alive on <i>Nov. 15, 1958</i> Death occurred at <i>10:50 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Hugo F. Bergman M.D.</i>		22b. ADDRESS <i>3720 Washington</i>	22c. DATE SIGNED <i>11/18/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>11/19/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Friedens Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Drehmann-Harral, 1905 Union Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 18 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i> <i>mcb</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

circumstances that are causally related.

Dr. H. F. Bergman
3720 Washington
Je 3-6204
Hrs. 8:30-9:30 & 2-3 Tues.

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 *Warren A. Carver*

Licensed Embalmer No. *3534*

P. O. Address

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.