

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042015
State File No. 11219

FILED DEC 1 1958

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11219

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, write RURAL and give OR TOWN St. Louis, Missouri)		c. LENGTH OF STAY (in this place) 10 Months	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 3/ St. Louis State Hospital		e. STREET ADDRESS (If rural, give location) 2019 116 E. Steins St.	
3. NAME OF DECEASED (Type or Print) a. (First) MATHILDA		b. (Middle) A.	c. (Last) MUELLER
4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1958		5. SEX Female /	
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Dec. 10, 1879	9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Germany	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Henry Kirsch		13b. MOTHER'S MAIDEN NAME Agatha (Engelbert)	14. NAME OF HUSBAND OR WIFE Frank Mueller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 494-01-6253 496-14-7386	17. INFORMANT'S SIGNATURE OR NAME Frank Mueller 116 E. Stein St.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Hypostatic Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) 334X		II. OTHER SIGNIFICANT CONDITIONS Chronic Brain Syndrome associated 10 yrs.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION with cerebral Arteriosclerosis		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Feb. 24, 1958, to Nov. 20, 1958, that I last saw the deceased alive on Nov. 20, 1958, and that death occurred at 3:50 am., from the causes and on the date stated above.			
23a. SIGNATURE S. A. Valierrra, M.D. (Degree or title)		23b. ADDRESS 5400 Arsenal St. St. Louis, Mo.	23c. DATE SIGNED 11-20-58
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 24, 1958	24c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery	24d. LOCATION (City, town, or county) (State) 3700 Mt. Olive ave. Lemay, Mo.
DATE REC'D BY LOCAL REG. NOV 21 1958	REGISTRAR'S SIGNATURE Carl Smith	GENERAL DIRECTOR'S SIGNATURE C. Hoffmeister Mortuaries	ADDRESS 7814 S. Broadway

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

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... *Rich. C. Brown*

Licensed Embalmer No. *477*

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.