

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011228
STATE FILE NUMBER
2-2522

FILED MAR 27 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

300
1-57

75

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>D/O/A. City Hosp</i>		Length of stay in 1b		d. STREET ADDRESS <i>4020 N. Grand</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>May Belle (Isabelle) Mueller</i>		4. DATE OF DEATH <i>3-10-1959</i>		Month Day Year	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>9-14-1893</i>	9. AGE (In years last birthday) <i>65</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13a. FATHER'S NAME <i>Jefferson Patton</i>		13b. MOTHER'S MAIDEN NAME <i>Belle Riley</i>	
14. NAME OF HUSBAND OR WIFE <i>Deceased</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>486-22-5092</i>	
17. INFORMANT Address <i>Herman Haegole, 1944 Provenchere Place</i>		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>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.		DUE TO (b) <i>Arteriosclerosis</i>		420.0	
DUE TO (c)		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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK 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 _____ and last saw her him Death occurred at <i>1115 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Do not sign if physician) <i>Jorge E. Zuercher</i>		22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>3/12/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>3-13-1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	
23d. LOCATION (City, town, or county) <i>St. Louis Mo</i>		23e. STATE <i>Mo</i>			
24. FUNERAL DIRECTOR <i>Edw Koch & Son - 3516 E. 14th</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 12 '59</i>		26. REGISTRAR'S SIGNATURE <i>Edward Smith, M.D.</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *J. W. White*

Licensed Embalmer No. *4329*
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.