RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 12 1960

-60-044746
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3487

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LEMAY — Length of stay in 1b: 15 YEARS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 608 LANDOR COURT — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — COUNTY: ST LOUIS
c. CITY OR TOWN: LEMAY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 608 LANDOR COURT — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ANNA — Middle: K. — Last: MUELLER

4. DATE OF DEATH: Month, Day, Year: NOVEMBER 29, 1960

5. SEX: FEMALE
6. COLOR OR RACE: CAUCASIAN
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/30/1875
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEWIFE
11. BIRTHPLACE (City and state or country): NAUVOO, ILLINOIS
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: GEORGE NESTLE
13b. MOTHER'S MAIDEN NAME: ELIZABETH MACHENHEIMER
14. NAME OF HUSBAND OR WIFE: JUL F. MUELLER (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: RALPH W. MUELLER, 316 WAINWORTH — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Occlusion of Coronary Arteries. — INTERVAL BETWEEN ONSET AND DEATH: Sudden.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis of coronaries; myocardial infarction. — years.
DUE TO (c) General Arteriosclerosis of vascular system
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 November 1st '60, to Nov. 29. '60 and last saw her/him alive on Nov. 28. 1960
Death occurred at 12:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm. F. Simon — (Degree or title): M. D.
22b. ADDRESS: 1115 Victor Str. – Tel. Pr. 1-0078
22c. DATE SIGNED: Nov. 29th.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12/1/1960
23c. NAME OF CEMETERY OR CREMATORY: SUNSET BURIAL PARK
23d. LOCATION (City, town, or county) (State): ST. LOUIS COUNTY, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET ST. LOUIS, MISSOURI
25. DATE RECD. BY LOCAL REG.: 12-1-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.
(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John S Denne

Licensed Embalmer No. 4194

P. O. Address St. Lou

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