

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-011304

AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2187 STATE FILE NUMBER

FILED MAR 23 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St Louis                    |  | Length of stay in lb<br>D.O.A.  | c. CITY OR TOWN St Louis   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION MO. Pac. Hospital |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                            | d. STREET ADDRESS (If outside, give location)<br>5219 Quincy               |
|  |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |   |
|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>William E Muehlberg Sr. | 4. DATE OF DEATH<br>Month Day Year<br>Mar. 4 1961 |
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|                |                           |   |                                  |                              |                                |                              |
|----------------|---------------------------|---|----------------------------------|------------------------------|--------------------------------|------------------------------|
| 5. SEX<br>male | 6. COLOR OR RACE<br>white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>Apr. 8, 1887 | 9. AGE (last birthday)<br>73 | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|----------------|---------------------------|---|----------------------------------|------------------------------|--------------------------------|------------------------------|

|  |   |  |                                    |
|--|---|--|------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Retired | 10b. KIND OF BUSINESS OR INDUSTRY<br>Foreman RR | 11. BIRTHPLACE (City and state or country)<br>St Louis Mo. | 12. CITIZEN OF WHAT COUNTRY<br>USA |
|--|---|--|------------------------------------|

|                                      |   |  |
|--------------------------------------|---|--|
| 13a. FATHER'S NAME<br>Emil Muehlberg | 13b. MOTHER'S MAIDEN NAME<br>Ida Parker | 14. NAME OF HUSBAND OR WIFE<br>Palmyra Muehlberg |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)<br>no | 16. SOCIAL SECURITY NO.<br>_____ | 17. INFORMANT Address<br>Palmyra Muehlberg 5219 Quincy |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Atherosclerotic Heart Disease</u><br>DUE TO (b) <u>Atherosclerosis</u><br>DUE TO (c) <u>420.0</u> |  | INTERVAL BETWEEN ONSET AND DEATH   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.) |
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|---|--|--|---|
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year | 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 COUNTY STATE |
|---|--|--|---|

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                    |                                    |                                   |
|---|------------------------------------|------------------------------------|-----------------------------------|
| 22a. SIGNATURE<br><i>Joseph M. Ziegenhein</i> | (Degree or title)<br><i>Deputy</i> | 22b. ADDRESS<br><i>1300 Elbert</i> | 22c. DATE SIGNED<br><i>3-6-61</i> |
|---|------------------------------------|------------------------------------|-----------------------------------|

|   |                           |  |   |
|---|---------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial | 23b. DATE<br>Mar. 8, 1961 | 23c. NAME OF CEMETERY OR CREMATORY<br>New St Marcus Cemetery | 23d. LOCATION (City, town, or county) (State)<br>St Louis Mo. |
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| 24. FUNERAL DIRECTOR<br>John L Ziegenhein & Sons 7027 Gravois | 25. DATE RECD. BY LOCAL REG.<br>MAR 6 1961 | 26. REGISTRAR'S SIGNATURE<br><i>Loan Smith, M.D.</i> |
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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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*C. P. Kidwell*

Licensed Embalmer No.

3877

P. O. Address

7027 Grannis

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.