

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-022956

AMENDED REGISTRATION DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT NO. 1003 REGISTRAR'S NO. 5833 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 29 1961

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE - Mo. b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6237 Murdoch Ave.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6237 Murdoch Ave.				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First ALVINA Middle Last MUEHLHAUSER			4. DATE OF DEATH Month June Day 20 Year 1961			5. SEX Female			6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			
8. DATE OF BIRTH 3-28-1885			9. AGE (last birthday) 76			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) Clerk (Retired) Famous Barr Co.				
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) Illinois			12. CITIZEN OF WHAT COUNTRY U.S.A.			13a. FATHER'S NAME George Muehlhauser					
13b. MOTHER'S MAIDEN NAME Sophie Roth			14. NAME OF HUSBAND OR WIFE -----			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None					
17. INFORMANT Mrs. Louise Niess 6237 Murdoch Ave.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarct DUE TO (b) atherosclerotic heart disease DUE TO (c) 4200			INTERVAL BETWEEN ONSET AND DEATH 1 hr 5 1/2			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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? 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.)										
20c. TIME OF INJURY Hour a.m. p.m.		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 6-5-61 to 6-20-61 and last saw her/him alive on 6-14-61 Death occurred at 8:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE Darryl A. Reed (Degree or title)						22b. ADDRESS 5633 So. Kingshighway			22c. DATE SIGNED 6/21/61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)		23b. DATE June 23, 1961		23c. NAME OF CEMETERY OR CREMATORY Mascoutah City Cemetery			23d. LOCATION (City, town, or county) Mascoutah, Ill.			23e. STATE Ill.				
24. FUNERAL DIRECTOR Kriegshausner 4228 S. Kingshighway Blvd. ADDRESS					25. DATE RECD. BY LOCAL REG. JUN 22 1961		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.							

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: Ernest W. Spiller

Licensed Embalmer No. 14080

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.