

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9367

FILED OCT 26 1961

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| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                      |  | c. CITY OR TOWN <b>St. Louis</b>   |  |
| Length of stay in 1b   |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>4954 Sutherland Ave.</b> |  | d. STREET ADDRESS (If outside, give location)<br><b>4954 Sutherland Ave.</b>   |  |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |  | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>MARY</b> Middle <b>MARTHA</b> Last <b>MUESER</b> |  |  | 4. DATE OF DEATH<br>Month <b>Oct.</b> Day <b>8</b> Year <b>1961</b> |  |  |  |
|--|--|--|---|--|--|--|

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|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--------------------------------|------------------------------|
| 5. SEX<br><b>Female</b> | 6. COLOR OR RACE<br><b>White</b> | 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><b>4-30-1889</b> | 9. AGE (last birthday)<br><b>72</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HR<br>Hours Min. |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b> | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
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| 13a. FATHER'S NAME<br><b>Robert A. McElwain</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Ellen Ward</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Bernard A. Mueser</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> <b>None</b> | 17. INFORMANT<br>Address<br><b>Bernard A. Mueser 4954 Sutherland Ave.</b> |
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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) <b>Gangrene of rt leg</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 wks</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>Arteriosclerotic thrombosis</b>  |  |
|   | DUE TO (c) <b>arteriosclerosis generalised</b> |  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4501</b> | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" 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. | Month, Day, Year |
|---------------------------------------|------------------|

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| 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<br>COUNTY STATE |
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21. I attended the deceased from April 1949 to Oct 8, 1961 and last saw her/him alive on Oct 7, 1961  
Death occurred at 6:00 A. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE<br><i>Raymond J. Martin</i> | (Degree or title) | 22b. ADDRESS<br><b>5203 Chippewa St.</b> | 22c. DATE SIGNED<br><b>10/9/61</b> |
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|  |                                   |   |  |         |
|--|-----------------------------------|---|--|---------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>Oct. 11, 1961</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>St. Louis, Mo.</b> | (State) |
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| 24. FUNERAL DIRECTOR<br><b>Kriegshauser 4228 S. Kingshighway Blvd.</b> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><b>OCT 10 1961</b> | 26. REGISTRAR'S SIGNATURE<br><i>Paul Smith, M.D.</i> |
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STATE AWARDED  
INSIDE OF  
SHOULD READ  
ITEM NO.

DOCUMENT

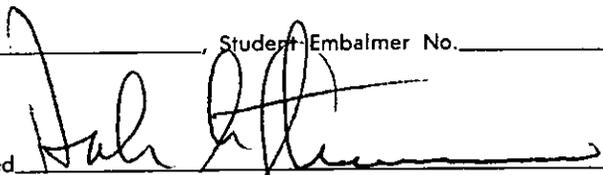
MEDICAL CERTIFICATION

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  \_\_\_\_\_

Licensed Embalmer No. 4533

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.