

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009125

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2725** STATE FILE NUMBER

FILED MAR 14 1963

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **ST. Louis** Length of stay in '1b
 c. CITY OR TOWN **ST. Louis** Inside Limits Yes No
 d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Lutheran Hospital** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY
 d. STREET ADDRESS (If outside, give location) **4923 Murdoch Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Esmarelda Mueller** 4. DATE OF DEATH Month Day Year **March 7, 1963**
 5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Jan. 25, 1899** 9. AGE (last birthday) **64** IF UNDER 1 YEAR 4F UNDER 24 HR
 10a. USUAL OCCUPATION (Give kind of work done during most of working-life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTH PLACE (City and state or country) **ST. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**
 13a. FATHER'S NAME **George Horn** 13b. MOTHER'S MAIDEN NAME **Margaret Hofardt** 14. NAME OF HUSBAND OR WIFE **Erwin D. Mueller**
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) **No** 16. SOCIAL SECURITY NO. 17. INFORMANT **Erwin D. Mueller** Address **4923 Murdoch Ave**

18. CAUSE OF DEATH (Enter only one cause in PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Pulmonary Embolus + Infarct - massive** INTERVAL BETWEEN ONSET AND DEATH **7 hrs.**
 DUE TO (b) **Cholelithiasis** **3 days**
 DUE TO (c) **586x**
 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 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 **1947** to **March 7, 1963** and last saw her alive on **March 7, 1963**
 Death occurred at **5 P. m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Mavis Herman M.S.** 22b. ADDRESS **3701 Grandel St.** 22c. DATE SIGNED **3/8/63**
 23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **March 14, 1963** 23c. NAME OF CEMETERY OR CREMATORY **ST. Paul Churchyard** 23d. LOCATION (City, town, or county) (State) **ST. Louis, Co., Mo.**

24. FUNERAL DIRECTOR **Will Mortuary** ADDRESS **6409 Gravois** 25. DATE RECD. BY LOCAL REG. **MAR 8 1963** 26. REGISTRAR'S SIGNATURE **Donald Smith, M.D.**

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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Handed
to
Dixie
2 to 3 P.M.

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 Harvey Kahle

Licensed Embalmer No. 4596

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.