MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-015562
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

b.365
3360
3
4 0
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12 2-0
13 5-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 100

FILED APR 24 1963

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington
Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp.
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Franklin
c. CITY OR TOWN St.Clair,
Inside Limits: Yes ☐ No XX
d. STREET ADDRESS (If outside, give location) Hi-way K
Reside on Farm: Yes XX No ☐

3. NAME OF DECEASED (Type or print) First: ELMER Middle: AUGUST Last: MUELLER

4. DATE OF DEATH Month, Day, Year: April 19, 1963

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced XX
8. DATE OF BIRTH: 3/27/1916
9. AGE (last birthday): 47
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): Heavy Machinery Opr.
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (City and state or country): Washington, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Louis A. Mueller
13b. MOTHER'S MAIDEN NAME: Mabel Scovill
14. NAME OF HUSBAND OR WIFE: Leona nee Wiegand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of: Yes WWII 1944-46
16. SOCIAL SECURITY NO. 82
17. INFORMANT: Donald E. Mueller, St. Louis 36 Mo Address 2121 Hord Av

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) Bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Lung abscess
DUE TO (c) Carcinoma of lung
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. ☐ 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 _____, to _____ and last saw her/him alive on _____
Death occurred at 3:45 a.m. CST m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lee B. Hentel (Degree or title) M.D.
22b. ADDRESS Union, Mo
22c. DATE SIGNED Apr 21, 196

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 21, 1963
23c. NAME OF CEMETERY OR CREMATORY: St. Peters Cem
23d. LOCATION (City, town, or county) (State): Washington, Missouri

24. FUNERAL DIRECTOR: Henry W. Otto, Washington
ADDRESS
25. DATE RECD. BY LOCAL REG.: 4/20/63
26. REGISTRAR'S SIGNATURE: Leola C. Tiedemann

(Licensed Embalmer's Statement on Reverse Side)

APR 25 1963

MAY 9 1963

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 Henry W. Otte

Licensed Embalmer No. 3560

P. O. Address Washington

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.