

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041846

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11036**

DO NOT WRITE ON THIS STUB AMENDED

VS 300 Rev. 4/59	DATE AMENDED
1	11-19-63
2 207	
3	
4 0	
5 2	
6	
7 0	
8 2	
9	
10	
11	
12 59-0	
13	
59	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

11-10-1963

SHOULD READ

11-5-1963

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Fun. Director

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 16 Days	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5347 Claxton Avenue
3. NAME OF DECEASED First Albert Middle John Last Mueller			4. DATE OF DEATH Month Nov. Day 5-6 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-31-84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker (ret.)		10b. KIND OF BUSINESS OR INDUSTRY Shoe	9. AGE (last birthday) 79
11. BIRTHPLACE (City and state or country) Nevada, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Herman Mueller		13b. MOTHER'S MAIDEN NAME Marie Yokel	
14. NAME OF HUSBAND OR WIFE Caroline Mueller		17. INFORMANT Kenneth Mueller, 3536 Orchard	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia			INTERVAL BETWEEN ONSET AND DEATH 2 weeks
DUE TO (b) 490x			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic pyelonephritis			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St. Louis	
21. I attended the deceased from Oct 1963 to 11-6-63 and last saw her alive on 11-6-63		COUNTY St. Louis STATE Mo.	
Death occurred at 9:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William Reptus MD		22b. ADDRESS 539 N Grand	
22c. DATE SIGNED 11-7-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 11-9-63	
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) St. Louis County Mo.	
24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd.		25. DATE RECD. BY LOCAL REG. NOV 7 1963	
26. REGISTRAR'S SIGNATURE Loak Smith: M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

Dr. W. F. Leightner
Humboldt Med. Bldg.
Hrs. 3-5 Thurs.

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 Warren A. Carver

Licensed Embalmer No. 3534

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.