DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

124

STATE FILE NUMBER 70 0004215

FILED FEB 5 1970 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 935

DO NOT WRITE ON THIS STUB

VS 300 Rev. 1/70

9. 1
10a. 85
10b.
11. 1
12. 2
13. 1830
14.
15. 4
16.
17.
18. 0
19. CREDITS
20.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Anna Mueller
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): January 23, 1970
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
5a. AGE—LAST BIRTHDAY (YEARS): 85
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): Dec. 23, 1884
7a. COUNTY OF DEATH
7b. CITY, TOWN, OR LOCATION OF DEATH: St. Louis
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St. Lukes Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Texas
9. CITIZEN OF WHAT COUNTRY: U S A
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12. SOCIAL SECURITY NUMBER:
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): House Wife
13b. KIND OF BUSINESS OR INDUSTRY:

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: Mo.
14b. COUNTY: ST. Louis
14c. CITY, TOWN, OR LOCATION: Normandy
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 3614 Oakmount

PARENTS

15. FATHER—NAME (FIRST, MIDDLE, LAST): Nicholas Weicht
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Anna Manka

17a. INFORMANT—NAME: Dr. William A. Diefenbronner
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 3614 Oakmount Normandy Mo. 63121

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

18. IMMEDIATE CAUSE (a): Carcinoma ovary
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b)
DUE TO, OR AS A CONSEQUENCE OF:
(c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): No
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (SPECIFY YES OR NO)
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS: ☐ YES ☒ NO ☐ UNK

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: 12 / 1 / 69
21b. TO: 1 / 23 / 70
21c. AND LAST SAW HIM/HER ALIVE ON: 1 / 23 / 70
21d. I, ☐ DID NOT VIEW THE BODY AFTER DEATH.
21e. DEATH OCCURRED (HOUR): 3.00 P.M.
AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.
HOUR OF DEATH
22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH 1 / DAY 23 / YEAR 70 / HOUR 3 P.M.

23a. CERTIFIER—NAME (TYPE OR PRINT): CARL E Lischer
23b. SIGNATURE: Carl E. Lischer
DEGREE OR TITLE: M.D.
23c. DATE SIGNED (MONTH, DAY, YEAR): 1-26-70
23d. MAILING ADDRESS—CERTIFIER: STREET OR R.F.D. NO. 9505 Delmar CITY OR TOWN St Louis STATE Mo ZIP

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Removal
24b. CEMETERY OR CREMATORY—NAME: Resurrection Cemetery
LOCATION—CITY OR TOWN, STATE: St. Louis County Mo.
24d. DATE (MONTH, DAY, YEAR): Jan. 27 1970
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Thomas Kutis 2906 Gravois St. Louis, Mo. 63118
25b. FUNERAL DIRECTOR—SIGNATURE: Thomas Kutis
26a. REGISTRAR—SIGNATURE: Melvin Jess, M.D.
26b. DATE RECEIVED BY LOCAL REGISTRAR: JAN 26 1970