MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25566

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 4344 Beck Av. St. ..... Ward)

File No. .....

Registered No. 7159

2. FULL NAME Christiana Mussler

(a) Residence. No. ..... St., 15 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anton Mussler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 5 1841

7. AGE: Years 86 Months 2 Days ..... If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

PARENTS

10. NAME OF FATHER: Wm Backhaus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Germany

14. INFORMANT: Anton Mussler
(Address) 4344 Beck Av.

15. FILED AUG -8 1927, 19..... Max C Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): August 5th 1927

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1927, to August 4th, 1927, that I last saw her alive on August 4th, 1927, and that death occurred, on the date stated above, at 6:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121 Nephritis (chronic interstitial)

9724 A (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Arterio-sclerosis

..... (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

Ø DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) G. M. Schuricht, M. D

Aug. 5th, 1927 (Address) 2327 So. 12th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Concorida Cemetery

DATE OF BURIAL: 8/8/27 19

20. UNDERTAKER: Theo. W Beiderwieden

ADDRESS: 1936 St. Louis Av

WRITE PLAINLY, WITH UNFADING INKEITHIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.