

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

Do not use this space.

28210

**1. PLACE OF DEATH**

County..... St Louis ..... Registration District No. 784  
 Township..... St Ferdinand ..... Primary Registration District No. 6030  
 City..... (No. ....) ..... St. .... Ward)

**2. FULL NAME**

Ellen P Mueller  
 (a) Residence. No. Walla Ferry Rd St. .... 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. da. 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*) m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm H Mueller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 10 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
 (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) Black Jack Mo.

**10. NAME OF FATHER**

Hy Pohlmann

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**12. MAIDEN NAME OF MOTHER**

Mathilda Twillman

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**14.**

INFORMANT Wm H Mueller  
 (Address) Black Jack Mo.

**15.**

FILED Sept. 15 - 1927 O. A. Schuett  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) SEP. 11 1927

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1927 to SEP 11, 1927  
 that I last saw h. alive on SEP 11, 1927, and that death occurred, on the date stated above, at 9:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Breast and Stomach  
50 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 47  
1012 (duration) yrs. .... mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: DID AN OPERATION PRECEDE DEATH? yes DATE OF March 27  
 WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) J. J. Willmann, M. D.  
9-12-1927 (Address) Florissant Mo

\*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** DATE OF BURIAL

Black Jack Cemetery 9/15 1927

**20. UNDERTAKER** ADDRESS

Chas. W. Reiderwieser St. Louis Mo  
1936

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

OCT 28 1927

