

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

Do not use this space.

19029

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. 2012, Wash St)..... St. (Ward)

2. FULL NAME

Catherine E Mueller
 (a) Residence. No. 2012 Wash St., 71 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. da.

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 Tonges W. Mueller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11-1840

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	87	8	6	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (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

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Mr. Theo. H. Mueller (Address) 2012 Wash St.

15. FILED May 18 1928 Wm C Starbuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1928

17. I HEREBY CERTIFY That I attended deceased from June 2, 1927, to May 17, 1928, that I last saw h. or alive on 5-16, 1928, and that death occurred, on the date stated above, at 3.10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of Liver
non alcoholic
1746
97 (duration) about 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 2231
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Theo W. Congdon, M. D.
May 18, 1928 (Address) 5043 Vernon Ave

*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 St. Peters Cemetery DATE OF BURIAL 5-19 1928

20. UNDERTAKER Geo. L. Pleitsch ADDRESS 5866 Eastern Ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

M. 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.

Dr. J. H. ...

5043 Vernon

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