

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.

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

Do not use this space.

22040

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Towship.....

Primary Registration District No. **1003**Registered No. **6207**City **St. Louis Mo** (No. **2912** **Madison St.**)

St. Ward)

2. FULL NAME**Edward Walter Mueller**(a) Residence. No. **2912** **Madison St.** **20** 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****Male****4. COLOR OR RACE****White****5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)****Single****5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)****March 27 - 1928****7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

2**11****8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....

none

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)**St. Louis Mo.**

(STATE OR COUNTRY)

10. NAME OF FATHER**Walter Mueller****11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri**12. MAIDEN NAME OF MOTHER****Lathrine Hilcuth****13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Missouri**14.**

INFORMANT

(Address)

**Walter Mueller
2912 Madison St.****15.**

FILED

10 1928**May E. Starkey**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)****June 8 - 1928****17.**

I HEREBY CERTIFY That I attended deceased from **June 8 1928** to **June 8 1928** that I last saw **alive** on **June 8 1928**, and that death occurred, on the date stated above, at **6:30 P.M.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:**Broncho - Pneumonia (Simple)****Primary**

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)**Bones**

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?

DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **W. Broome** M. D.**6/9 1928** (Address) **1386 Bank**

*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****Valhalla****June 11 1928****20. UNDERTAKER**ADDRESS **1417****864 Leidner and Co St. Market St.**

