

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22479

1. PLACE OF DEATH

County.....

Registration District No. 7011

Township.....

Primary Registration District No. 1003

City St Louis Mo

(No. 2109)

Jepp

File No.

Registered No. 6575

St.

Ward

2. FULL NAME

(a) Residence No. 2109

St.

24

Ward.

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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widow

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

Peter Mueller

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

4-28-1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

78

1

26

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)

Germany

10. NAME OF FATHER

Theis

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

(Address)

Hattie Parker

2109 Jepp

15.

FILED

26

19

M. C. Starkley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

6-24-1928

17.

I HEREBY CERTIFY, That I attended deceased from Jan.

1928 to June 24, 1928

that I last saw him alive on June 23, 1928 and that

death occurred, on the date stated above, at 10:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
Apoplexy

(duration) yrs. mos. da.

CONTRIBUTORY

CONDARY

Hypertension

Iron Pyrites (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Louis

DID AN OPERATION PRECEDE DEATH? DATE OF

no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

6/25/28 (Address) 3400 Jepp

*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

SS Peter + Paul

6-26-1928

20. UNDERTAKER

ADDRESS

Weck Bros 2201 So Grand

