

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.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 781
Primary Registration District No. 1008
West Minister Hospital

File No. 22586
Registered No. 6811
St. Ward)

2. FULL NAME

(a) Residence. No. 9112 River View Drive
(Usual place of abode)

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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 24, 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 6 4

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) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Not Known

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Fred C. Mueller
(Address) 9112 River View Drive

15. FILED 23 1928 My C. Starkup REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 29, 1928, to June 28, 1928, that I last saw him alive on June 28, 1928, and that death occurred, on the date stated above, at 3:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Lobar Pneumonia
108

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
8 Did an operation precede death..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Wm G. Ruyter, M. D.
, 19 (Address) 8613 Dale's Ferry Rd

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

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*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

Friedens June 30, 1928

20. UNDERTAKER ADDRESS
Math. Hermann and Son 4103 E. West Florissant Ave

