

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

Do not use this space.

31490

**1. PLACE OF DEATH**

County STE. GENEVIEVE  
Township St. Genevieve  
City St. Genevieve (No. ....)

Registration District No. 780  
Primary Registration District No. 4466

File No. ....  
Registered No. 33  
St. .... Ward)

**2. FULL NAME**

Joseph Mulhausen  
(a) Residence, (No. ....) St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

male

**4. COLOR OR RACE**

w

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

unmarried

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

unknown

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

May 25 1845

**7. AGE**

YEARS

MONTHS

DAYS

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

83

3

25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Inmate County Home  
(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**

unknown

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

(STATE OR COUNTRY) Germany

**12. MAIDEN NAME OF MOTHER**

unknown

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

(STATE OR COUNTRY) Germany

**14. INFORMANT**

(Address) August Brichler  
141 Genevieve Mo

**15. FILED**

Sept 20 19 28 T. W. Douglas  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Sept 20 19 28

I HEREBY CERTIFY That I attended deceased from June 4, 1928, to Sept 20, 1928 that I last saw him alive on Aug 16, 1928, and that death occurred, on the date stated above, at 4 A. m.

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

Anemia  
Myocarditis  
(duration) ..... mos. ds.  
CONTRIBUTORY Bertha's 2<sup>nd</sup> Div with  
(SECONDARY) asato (duration) ..... mos. ds.

**18. WHERE WAS DISEASE CONTRIBUTED**

IF NOT AT PLACE OF DEATH. ....

**19. DID AN OPERATION PRECEDE DEATH? DATE OF**

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?** no symptoms

(Signed) E. J. Clapworth, M. D.

Sept 20, 1928 (Address) St. Genevieve 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**

St. Genevieve Mo Sept 20 19 28

**20. UNDERTAKER**

**ADDRESS**

John Basler St. Genevieve Mo

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.

