

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

Do not use this space.
31784

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No. St. Josephs Academy)
 Registration District No. 791
 Primary Registration District No. 1003
 File No.
 Registered No. 9034 St. Ward)

2. FULL NAME

Sister M. Heldegard Musttings
 (a) Residence No. 6400 Minnesota St., 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Aug 22, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 | 0 | 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Teacher
 (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) Bavaria

10. NAME OF FATHER Unknown Musttings

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 Mother Agnes Roubert
 (Address) 6400 Minnesota

15. SEP - 9 1923 FILED Max C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1923 to Sept 8 1928 that I last saw her alive on Sept 11 1928, and that death occurred, on the date stated above, at 11201

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus
 (duration) 5 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY).....
 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
 (Signed) A. S. Cleveland, M. D.

Sept 8, 1928 (Address) 3326 Huramee

*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 Nazareth Cem. DATE OF BURIAL 9/10 1928

20. UNDERTAKER Hoffmeister & Co. ADDRESS 7814 S. B. Hwy

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

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.

