

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

Do not use this space.

1929

38147

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170  
 Township Richmond Heights Primary Registration District No. 16248H  
 City Richmond Heights St. Marys Hospital

File No. \_\_\_\_\_  
 Registered No. 265  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alexander M. Muller  
 (a) Residence No. 5351 Wells St. \_\_\_\_\_ Ward St. Louis, Mo  
 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ellen Heade M. Muller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 2 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work (Laborer Day)  
 (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) Mich

10. NAME OF FATHER Alex M. Muller

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

12. MAIDEN NAME OF MOTHER Baroline Redmond

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

14. INFORMANT Alexander R. M. Muller

(Address) 5351 Wells

15. FILED 11/20, 1928 C. L. Jewell REGISTRAR

**4 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 19 28

17. I HEREBY CERTIFY That I attended deceased from Sept 24, 1928 to Nov 20, 1928 that I last saw him alive on Nov 18, 1928 and that death occurred, on the date stated above, at 4:30 P.M.

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

Arterio-sclerosis - Senility

CONTRIBUTORY (SECONDARY) (1) Heart 7 days (left) beyond (duration) yrs. mos. da. Sept 28/28  
(2) Senile dementia (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Ignored near his home.

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) John J. Langen J., M.D.  
Nov 20, 1928 (Address) 5853 Plymouth av

\*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 Cabany DATE OF BURIAL 11-22 1928

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

12-1

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County St. Louis  
Township  
City Richmond Hts (No. ....) St. .... Ward)

Registration District No. 1170  
Primary Registration District No. 6248

File No. ....  
Registered No. 265-

2. FULL NAME

Alexander McMullen

(a) Residence No. .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 1/16 1929 E. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1928

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw him ..... alone on ..... 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

arteriosclerosis

fall on pavement while walking near his home  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) fracture of hip left  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Am. J. Bougan Jr., M. D.  
, 19 (Address)

\*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

20. UNDERTAKER ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

LH18E-S