

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

Do not use this space.

12746

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **110083**
City **St. Louis, Mo.** (No. **1107** **Dover Place**)

File No.....
Registered No. **3281**
St. Ward)

2. FULL NAME

Fred Mueller
(a) Residence, No. **1107 Dover Place**, St. **1** Ward. (If nonresident give city or town and State)
(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 **Male** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**
5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 24-1898**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 | **2** | **21**

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Black Smith**
(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 **Fred J. Mueller**
(Address) **1107 Dover Place**

15. FILED **15** 19 **1929** **Max C. Starker** REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 15- 1929**
17. I HEREBY CERTIFY, That I attended deceased from **many years**, 19 **31.5**, 19 **29** that I last saw him alive on **March 12, 1929** and that death occurred, on the date stated above, at **7:12** a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Gall Bladder
4 1/2 (duration) yrs. mos. da.
44 B 135 B
CONTRIBUTORY (SECONDARY) **Acute cystitis**
(duration) yrs. mos. **7** da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

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

WHAT TEST CONFIRMED DIAGNOSIS? **Chylole tal**

(Signed) **W. H. Meyer** M. D.
3/15, 1929. (Address) **3147 P. Jeff Ave**

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St. Pauls Churchyard** DATE OF BURIAL **March 18 1929**

20. UNDERTAKER **Ziegenheim Bros. 2623 6th Ave. St. Louis, Mo.** ADDRESS

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.

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