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

Do not use this space.

File No. 12889

Registered No. 3439

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (or Lutheran Hospital ..... St. ..... Ward)

2. FULL NAME Mrs. Theresa Mueller

(a) Residence. No. 3629 Missouri St., 24 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	years	5	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Clair County
(STATE OR COUNTRY) Ill. ~~Missouri~~

PARENTS

10. NAME OF FATHER John Kahle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Theresa Kahle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs. Edward Mueller
(Address) 3629 Missouri

15. MAR 18 1929 Filed ..... 19..... Mary C. Hartel Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 17 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 8 Mar 8, 1929, to March 17, 1929, that I last saw her alive on Mar 17, 1929, and that death occurred, on the date stated above, at 6.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. myocarditis + dilitation of heart 1.31
938
9158
(duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Interstitial nephritis
Secondary anemia (duration) yrs. 5 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam + hist.
(Signed) Joseph E. Hess, M.D.
Mar 18, 1929 (Address) 4504 So Jefferson

*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 Mt. St. Marcus — DATE OF BURIAL Mar. 20 1929

20. UNDERTAKER Wacker Hilderbrand — ADDRESS 2371 So Broadway

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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