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

Do not use this space.

16078

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 4108

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

City St. Louis, Mo (No. St. Anthony's Hospital Ward)

2. FULL NAME Laura Mueller

(a) Residence. No. Gerald Mo St., 16 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. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Charles W Mueller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 22 - 1862

7. AGE: 66 YEARS, 5 MONTHS, 15 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Franklin Co Mo

PARENTS

10. NAME OF FATHER: Ferdinand Vallmer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Rosaline Peters
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Oscar Mueller
(Address) Gerald Mo

15. FILED APR -6, 1929 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 6 1929

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1929, to April 6, 1929, that I last saw her alive on April 5, 1929, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilation of Heart
46C
46E
95B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Cause of Gall Bladder & Colon
(duration) One yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Gerald Mo
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? yes. DATE OF April 5 - 29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Exploratory Laparotomy
(Signed) R. J. Henry, M. D.
, 19 (Address) 2838 S Grand Blvd

*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: St. Paul Cemetery Gerald, Mo
DATE OF BURIAL: 4-8-1929

20. UNDERTAKER: E. F. Altman
ADDRESS: Union, 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.

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