

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

Do not use this space.

22553

JUL 27 1929
 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.

1. PLACE OF DEATH

County St Louis
 Township Central
 City St Louis (No. _____)

Registration District No. 189
 Primary Registration District No. 6033B

File No. _____
 Registered No. 170
 St. _____ Ward _____

2. FULL NAME

Charles Wm Mueller

(a) Residence. No. 3338 marvin ave 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 male 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) July 18-1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 10 15 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. School boy
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St Louis Co
 (STATE OR COUNTRY) MO

10. NAME OF FATHER Chas H Mueller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis Co
 (STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Emma Schlep

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis Co
 (STATE OR COUNTRY) MO

14. INFORMANT Chas H Mueller
 (Address) 3338 marvin ave

15. FILED 6/4 1929 Jolla Bracy (M)
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-18-28, 1928 to June 3 28, 1929
 that I last saw him alive on July 2 1929 and that death occurred, on the date stated above, at 12:30 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
132 Chronic Pancreatitis
906

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) nephritis
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? symptoms
 (Signed) Dr. W. H. ... (M. D.)
6/4, 1929 (Address) 27437 Grand

*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 Green Hill Cem
Flourissant mo DATE OF BURIAL June 5 1929

20. UNDERTAKER Thos J. ... ADDRESS 15195 Grand Blvd

