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

Do not use this space.

38581

File No. 10978

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo. (No. St Johns Hosp St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Betty Jane Mueller

(a) Residence. No. 5033 Newport Av St. 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29 - 1929

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Gerhard Mueller

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

12. MAIDEN NAME OF MOTHER Irene Richter

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

14. INFORMANT Gerhard Mueller
(Address) 5033 Newport

15. FILED NOV 11 1929 Mark C Markell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1929 to Nov 8, 1929 that I last saw h. alive on Nov 8, 1929, and that death occurred, on the date stated above, at 6:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A Broncho-Pneumonia
Acute Bronchitis 8
(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) None
(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) Gustav Dorr, M. D.

11/8/29 (Address) 144 Duan Dr

*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 Zion

DATE OF BURIAL Nov. 11 1929

20. UNDERTAKER Hy Leidner Und Co.

ADDRESS 1417 N. Market

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.

1467 Union
Gr 4903