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

Do not use this space.

14927

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis (No. Mo. Baptist Sanitarium St. ..... Ward)

File No. .....

Registered No. 4347.

2. FULL NAME Maria Mueller

(a) Residence. No. 4101a Bowen St., 1 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	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	0	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

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9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Unknown Meyer

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 Siegfried Mueller Jr.
(Address) 4101a Bowen

15. FILED ....., 19.... Max C. Taylor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 11, 1930, to April 29, 1930 that I last saw her alive on April 29, 1930 and that death occurred, on the date stated above, at 4:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypotoxicosis

66B

93C (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chr. Myocarditis

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Edwin F. Vitt, M. D.

5-1, 1930 (Address) 3801 So. Bdwy

*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	DATE OF BURIAL
Sunset Burial Pk.	5-2 1930

20. UNDERTAKER	ADDRESS
Witt Bros L & U. Co.	2929 S. Jefferson

N. B.—Every item 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.