

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

Do not use this space.

17417

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis.** (No. ....)

**1834 So. Seventh Street.**

File No. ....

Registered No. **4483**

St. .... Ward)

**2. FULL NAME**

**Andrew Mueller.**

(a) Residence. No. **1834 So. Seventh Street. 23.** 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)

Married.

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

**Thekla Mueller.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Apr. 11, 1855.**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

75

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22.

8. OCCUPATION OF DECEASED

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

**Day Laborer.**

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

**Odd jobs.**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

**Germany.**

10. NAME OF FATHER

**George Mueller.**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

**Germany.**

12. MAIDEN NAME OF MOTHER

**Gertrude Wack.**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

**Germany.**

14. INFORMANT

**George Mueller.**  
(Address) **1834 So. Seventh Street.**

15. FILED

**May 4 1930**  
**Max C. Barber**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 3 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 5, 1929** to **May 3, 1930** that I last saw him alive on **May 3, 1930**, and that death occurred, on the date stated above, at **9:45 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic Cardiac Disease**  
**720** (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **atherosclerosis**  
(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) **J. H. Tucker**, M.D.

**May 4, 1930** (Address) **1215 Parkway**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT INJURIES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

**SS. Peter & Paul Cemetery New.**

**May 5, 1930.**

20. UNDERTAKER

ADDRESS

**J. H. Tucker & Co. 2842 Meramec.**

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.

