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

Do not use this space.

791

1003

38139

File No.

Registered No. 11297

**1. PLACE OF DEATH**

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No. 4534 Thrush Ave. St. Ward)

**2. FULL NAME** Elizabeth G. Mueller

(a) Residence. No. 4534 Thrush Ave. St., 7 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: 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: Oscar J. Mueller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 17 Unknown

7. AGE: abt. 57 YEARS; MONTHS; DAYS; If LESS than 1 day, ....hrs. or ....min.

Unknown

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(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): Germany

PARENTS

10. NAME OF FATHER: Not Knowy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Not Knowy

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

14. INFORMANT: Oscar J. Mueller
(Address) 4534 Thrush Ave.

15. FILED DEC - 1 1930, 19 Max C Starley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1930, to Nov 29, 1930 that I last saw her alive on 11 - 29 - 1930 and that death occurred, on the date stated above, at 1:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia due to an Infected Finger from a Scratch

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Chronic Endocarditis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Various

(Signed) Hackley M.D., M. D.

, 19 (Address) 5076 Union 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: Valhalla Crematory

DATE OF BURIAL: Dec 2 1930

20. UNDERTAKER: Math. Hermann and Son

ADDRESS: 2161 E. Fair Ave.

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.