MAR 23 1931

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

Do not use this space.

85

4623

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 144

City St. Joseph, Mo. (No. 2613 Olive St. Ward)

2. FULL NAME Rosa Mueller

(a) Residence. No. 2613 Olive St., 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: Adolph Mueller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 20, 1862

7. AGE: Years 68, Months 6, Days 14. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home 235

(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): Elberfeld, Germany 10

PARENTS

10. NAME OF FATHER: Peter Buddy

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

12. MAIDEN NAME OF MOTHER: Marie Obermeyer

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

14. INFORMANT (Address): Adolph Mueller, St Joseph Mo

15. FILED 5 1931, 19 — John R Bender, REGISTRAR

FEB

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): February 4, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1930, to Feb 4, 1931 that I last saw her alive on Feb 4, 1931 and that death occurred, on the date stated above, at 9:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C

91 Chronic myocarditis (duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis Senile (duration) 2 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) H W Eule, M.D

2/5, 1931 (Address) 301 P S Bldg

*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: Mt. Olivet Cemetery — DATE OF BURIAL: Feb. 7, 1931

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Calhoun

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.