

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

Do not use this space.

30054

1. PLACE OF DEATH

County Registration District No. 18
Township Primary Registration District No. 122
City St. Louis (No. City Hosp) St. Ward)

File No.
Registered No. 9120
St. Ward)

8485 **2. FULL NAME** Peter Mueller
(a) Residence, No. 3543 Michigan Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 10 mos. 16 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 Anna Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1867

7. AGE YEARS 64 MONTHS 1 DAYS 24
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Atlas Towel Co
10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation**
OCCUPATION

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

13. NAME William Mueller

14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Spect

16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Hospital information
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Marcus DATE Aug 29 1931

19. UNDERTAKER A. G. Galt
(ADDRESS) 2638 Broadway

20. FILED Aug 27 1931
Register

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 26th 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15th 1931 to Aug. 26th 1931.
I last saw him alive on Aug. 26 1931. Death is said to have occurred on the date stated above, at 10:00 AM.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset
936
107A
162
Other contributory causes of importance:
the myocarditis
sensitivity

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. P. Macmish, M. D.
(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

M. J. Miller