

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

Do not use this space.

39311

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City.....

No. **4733** S. Broadway

File No.....

Registered No. **11491**

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **4733 S. Broadway** St., **15** Ward.

(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** COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 3rd 1864**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<b>67</b>	<b>4</b>	<b>12</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

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

13. NAME **John E. Eggers**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Marie Nader**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Mrs. E. L. Hoach**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marys** DATE **Nov 17 1931**

19. UNDERTAKER (ADDRESS) **Frank Schmitt**

20. FILED **Nov 16 1931** **Max C. Starnes** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 15 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 15 1931** to **Nov 15 1931**

last saw him alive on **Nov 15 1931** Death is said to have occurred on the date stated above, at **3:40** p.m.

The principal cause of death and related causes of importance were as follows:  
**carcinoma of breast primary seat in breast**

Other contributory causes of importance:  
**carcinoma of lungs**

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....  
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) **G. W. Ross**, M. D.  
(Address) **1918 Grand**

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.

REPRODUCED FROM THE MISSOURI STATE BOARD OF HEALTH

1913 G. ...

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