

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

Do not use this space.

9996

1. PLACE OF DEATH

96 County St. Louis, Mo. Registration District No. 1123
 Township CARONDELLE Primary Registration District No. 6248 B
 City U.S. VETERANS ADMINISTRATION HOSPITAL, Jeff. Brks., Mo. St. _____ Ward _____

File No. _____
 Registered No. 94
 St. _____ Ward _____

2. FULL NAME John E. Mueller

(a) Residence, No. 4417 No. 19th Str., St. Louis, Mo. Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred - Un yrs. kn mos. OWA 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1894.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 37 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barner.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) 3 yrs. ago. 11. Total time (years) spent in this occupation All life.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennings, Mo.

13. NAME Karl Mueller

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

15. MAIDEN NAME Elizabeth Lott

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

17. INFORMANT C. H. SMITH, M.D. Clinical Director
 (ADDRESS) USVA Adm. Hosp. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE 3/22 1932

19. UNDERTAKER Math. Hermann Johnson
 (ADDRESS) 2161 C. Hwy. Ave.

20. FILED 3-19 1932 L. C. Obrook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1929 to March 18, 1932

I last saw him alive on March 18, 1932. Death is said to have occurred on the date stated above, at 5:45 PM

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Unk.

Other contributory causes of importance: Cerebral Spinal Les. Unk.

Name of operation Clinical Symptom 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 C. H. SMITH, M.D., Act. Med. Off. Inp.
 (Signed) _____
 (Address) USVA Adm. Hosp. Jeff. Brks., Mo.

V. No. 2.

MARGIN RESERVED FOR BINDING

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.

APR 20 1932

