

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

Do not use this space.

21549

1. PLACE OF DEATH

County..... Registration District No. *91*
Township..... Primary Registration District No. *7*
City *St. Louis, Mo.* (No. *City Infirmary*)

File No.
Registered No. *6117*
St. Ward)

2. FULL NAME *Conrad Mueller*

(a) Residence, No. *City Infirmary* St., *5800* *Central* Ward, *13*
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *10* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 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 *—*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 22, 1866*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 5 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *laborer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *unemployed*
10. Date deceased last worked at this occupation (month and year) *May 1937* 11. Total time (years) spent in this occupation

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

FATHER 13. NAME *George Mueller*

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

MOTHER 15. MAIDEN NAME *Johanna Mueller*

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

17. INFORMANT *Mrs. Effinger* (ADDRESS) *5800 Central St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Mathews* DATE *July 1, 1937*

19. UNDERTAKER *A. H. M. Laughlin* (ADDRESS) *1631 Missouri Ave.*

20. FILED *1937* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 30, 1932*
22. I HEREBY CERTIFY, that I attended deceased from *June 1, 1932*, to *June 30, 1932*
I last saw him alive on *June 30, 1932* Death is said to have occurred on the date stated above, at *8:30 a.m.*
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset *4/30/32*
930
820
102
930
Other contributory causes of importance: *Chronic Myocarditis* *Hypertension* *(D)*

Name of operation Date of
What test confirmed diagnosis? *Cerebral* 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? *No*
If so, specify
(Signed) *J. McAdams* M. D.
(Address) *Isolation 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.

