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

Do not use this space.

23996

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Carondel — Primary Registration District No. 6033 — Registered No.
City St Louis (No. County Hospital St. Ward)

2. FULL NAME Julius Mueller
(a) Residence, No. 6330 Bartmer St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: 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 Rosalia Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18-1879

7. AGE: YEARS 52 — MONTHS 7 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fulton Iron Co.
10. Date deceased last worked at this occupation (month and year) 6-1928
11. Total time (years) spent in this occupation 30 yrs

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

FATHER
13. NAME John Mueller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Amelia Spohn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Rosalia Mueller 6330 Bartmer av

18. BURIAL, CREMATION, OR REMOVAL
PLACE New SS Pt & Paul Cem. DATE July 7 1932

19. UNDERTAKER (ADDRESS) E. J. Schnur 3125 LAFAYETTE AV.

20. FILED July 6 1932 K. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to July 4, 1932
I last saw h. m. alive on July 4, 1932. Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Contusion of basal portion of the brain c Necrosis	10-6-32
710 M 710	
Other contributory causes of importance: Basal Skull Fracture, Left Hit by automobile	10-6-32

Name of operation ..... Date of .....
What test confirmed diagnosis? X-ray Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6 Oct 1932
Where did injury occur? Highway (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Hit by Automobile
Nature of injury Contusion of Brain & Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) John A. Rogers, M. D.
(Address) St Louis Co Hosp Clayton, Mo

MARGIN RESERVED FOR BIN

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.

V. S. No. 2.