

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

Do not use this space.

14689

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1095
City St. Louis (No. Mo Baptist Hospital) St. Ward)

File No.
Registered No. 3188

2. FULL NAME

Dorothy Lee Musler
(a) Residence, No. 4158 Labadie Ave St., 10 Ward.

(Usual place of abode) (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
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) May 17, 1931
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
1 10 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) 11. Total time (years) spent in this occupation.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1933
22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933, to April 4, 1933
I last saw him alive on April 4, 1933. Death is said to have occurred on the date stated above, at 4 P. M.
The principal cause of death and related causes of importance were as follows:
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General Peritonitis 4-2-33
(Streptococcus hemolyticus)
Other contributory causes of importance: Intestinal La grippe 29 3-27-33

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo
13. NAME Walter F. Musler
14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) Mo
15. MAIDEN NAME Josephine Harper
16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) Mo
17. INFORMANT Walter F. Musler (ADDRESS) 4158 Labadie Ave
18. BURIAL, CREMATION OR REMOVAL PLACE Park Lawn Cem DATE April 6, 1933
19. UNDERTAKER Drehimann Haral (ADDRESS) 1905 Union Blvd
20. FILED 11-3-33 W. C. Starlin Registrar.

Name of operation Abdominal Exploratory Date of 4-2-33
What test confirmed diagnosis? Insect of fluid Was there an autopsy? Yes
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) A. H. Engler, M.D. M. D.
(Address) 25 Boulevard A

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.

Dr Lyzger

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