

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **De Paul Hospital**)

File No. **15122**
 Registered No. **3648**
 St. Ward)

2. FULL NAME

(a) Residence, No. **4545 San Francisco 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

3. SEX Female	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 Harry Mueller, Jr.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 - 1900		
7. AGE	YEARS 32	MONTHS 5
	DAYS 10	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis - Mo		
FATHER	13. NAME Michael W. H.	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis	
MOTHER	15. MAIDEN NAME Mary Fagan	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.	
17. INFORMANT Harry Mueller, Jr. (ADDRESS) 4545 San Francisco		
18. BURIAL, CREMATION, OR REMOVAL PLACE S.S. Peter Paul Ch. DATE Apr 24 , 19 33		
19. UNDERTAKER Paul Bros (ADDRESS) 3029 St. Charles		
20. FILED APR 22 1933 W. C. [Signature] Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr 20**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **Apr 17**, 19**33**, to **Apr 20**, 19**33**
 I last saw her alive on **Apr 20**, 19**33** Death is said to have occurred on the date stated above, at **2:30** m.
 The principal cause of death and related causes of importance were as follows:
1088
Cerebral Pneumonia
Lobar
 Other contributory causes of importance **1088**

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 **Aspirin**, M. D.
 (Signed) **[Signature]**
 (Address) **2286 Howard St.**

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.

235

2206 Howard