

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

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. 16757
 Township Kaw Primary Registration District No. 1002 Registered No. 2256
 City K.C. Mo. (No. 4409 Prospect) St. _____ Ward _____

2. FULL NAME John Fredrick Mueller
 (a) Residence, No. 4409 Prospect St. _____ 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 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 Pauline Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17, 1850

7. AGE YEARS 82 MONTHS 7 DAYS 10 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 _____

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

13. NAME Burnhart Mueller

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

15. MAIDEN NAME Wm Gresslee

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

17. INFORMANT H. E. H. Mueller (ADDRESS) 7501 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Brazito, Mo. DATE May 29-33

19. UNDERTAKER R. V. Lindsey & Sons, (ADDRESS) K.C. Mo.

20. FILED May 28 1933 M. M. Corvay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27-33 1933

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933, to May 27, 1933. I last saw him alive on May 24, 1933. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Central Hemorrhage
2nd - 1st. mile
7 years ago
 Other contributory causes of importance: Arteriosclerosis

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 _____
 (Signed) Hedinger, M. D.
 (Address) 4525 Prospect Cu.

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.

10
10
1

