

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

Do not use this space.

18577

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1006
 City St. Louis Mo. (No. 3427^c, Wisconsin W) St. Ward)

File No.
 Registered No. 4780
 St. Ward)

2. FULL NAME Anthony J. Mueller

(a) Residence, No. 3427^c Wisconsin St., 24 Ward. (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 Ann Mueller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 / 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 1 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 40
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 40
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

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

MOTHER 13. NAME Andrew Mueller
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Marksauer

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

17. INFORMANT (ADDRESS) Emma Mueller
3427^c Wisconsin

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sunset Burial DATE June 9 1933

19. UNDERTAKER (ADDRESS) Ziegenhein Bros
2623 Cherokee St

20. FILED - 1 1933 19. J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 - 1933
 22. I HEREBY CERTIFY, That I attended deceased from June 13, 1933 to Aug 30, 1933
 I last saw him alive on May 30, 1933 Death is said to have occurred on the date stated above, at 9:35 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Disease Date of onset June 33
Primary seat the tongue
Esophagitis
 Other contributory causes of importance: 450
Varicose Veins
Esophagitis

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) Dr. J. F. Bredeck M. D.
 (Address) 2623 Cherokee St

WRITE PLAINLY WITH UNFAADING INK---I

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.

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