

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

Do not use this space.

21470
File No. **5256**

1. PLACE OF DEATH

County.....

Registration District No. **207**

Township.....

Primary Registration District No. **103**

City **St. Louis** (No. **City Hospital**)

Registered No. **5256**

4300 Charles Mueller

2. FULL NAME

(a) Residence, Name (Usual place of abode) **Southern Hotel 1928 Pine 25**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **Life** 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) **single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **/**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 6th 1870**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	9	8	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Chamber Motor Co**

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) **St. Louis Mo.**

13. NAME **Fred Mueller**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Hospital Infirmation Grace Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Park** DATE **June 17 33**

19. UNDERTAKER (ADDRESS) **Wiegshauser Mortuaries 419 1/2 Manchester**

20. FILED **JUN 15 1933** **J. F. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 14th 1933**

22. I HEREBY CERTIFY, That I attended deceased from **June 14th 1933** to **June 14th 1933**
I last saw him alive on **June 14th 1933** Death is said to have occurred on the date stated above, at **8:45 P. M.**

The principal cause of death and related causes of importance were as follows:

Chl. Myocarditis 930
(arterio sclerosis) 99

Date of onset **930**
Other contributory causes of importance: **930**

Name of operation **None** Date of.....
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

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) **Maurice A. Beck** M. D.
(Address) **City Hospital**

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.

Handwritten text at the top right corner, possibly a signature or name.