

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

Do not use this space.

**21769**

**1. PLACE OF DEATH**

County..... Registration District No. 1  
Township..... Primary Registration District No. 1  
City St. Louis (No. 3624, Childress)

File No. ....  
Registered No. 5573  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. 1 Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Paul Mueller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28 1855</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	Days <u>27</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	13. NAME <u>Sebastian Geisler</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Agnes Beyman</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Mrs. A. Mason</u> (ADDRESS) <u>3134 Childress St</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathary</u> DATE <u>June 28 1933</u>		
19. UNDERTAKER <u>Arthur J. Dombke, Dombke &amp; Co</u> (ADDRESS) <u>3870 Olive St</u>		
20. FILED <u>25 14 33</u> <u>J. F. Bredeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28 1933 to June 25 1933  
I last saw her alive on June 25 1933 Death is said to have occurred on the date stated above, at 11:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cardiac Coronary Thrombosis  
948 Coronary Thrombosis  
107  
948  
Other contributory causes of importance:  
Arterial Hypertension  
8

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 Yes  
(Signed) Wm S Barker, M. D.  
(Address) 929 Metropolitan Bldg  
St Louis, Mo.

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 W. S. Barker

Met. Bldg

Jan 11/11

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