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

Do not use this space.
31140

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 792
City St Louis (No. 5436 Gesham St. ..... Ward)

File No. .....
Registered No. 7832

2. FULL NAME Minnie Mueller
(a) Residence, No. 5436 Gesham 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 1867

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65	11	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Illinois

FATHER
13. NAME Hugo Heidinger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Pearl Marshund
(ADDRESS) 5436 Gresham

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Lawn DATE 9/11/33 19

19. UNDERTAKER J. J. Bergenhen & Son
(ADDRESS) 4011 Gravois Av

20. FILED OCT 10 1933 19 F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to Sept 8, 1933
I last saw h. alive on Sept 7, 1933. Death is said to have occurred on the date stated above, at 4:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, rectum,	Jan 1932
46	

Other contributory causes of importance:

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) O. P. Geyer, M. D.
(Address) 4500 Delmar St.

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.

OCT 20 1933