

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 101
Township..... Primary Registration District No. 1113
City St. Louis, Mo. (No. 2715^e, Allen Ave.)

File No. 34691
Registered No. 8853
St. Ward)

2. FULL NAME Emma Mueller

(a) Residence, No. 2715^e Allen Ave. St., 23 Ward.

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 Female 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 Herbert Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 10

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

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 Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Herbert Mueller (ADDRESS) 2715^e Allen Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem. DATE Oct. 13-1933

19. UNDERTAKER Ziegenhein Bros. (ADDRESS) 376 N 3^d Street

20. FILED 13 1933 (Address) J. J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10th, 1933

22. I HEREBY CERTIFY that I attended deceased from Oct 7th 1933 to Oct 10th, 1933
I last saw him alive on Oct 9th, 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:

Cancer of uterus (Date of onset 4 yrs)
(Carcinoma)

Other contributory causes of importance: 48

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? no 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) D. C. Todd M. D.
(Address) 520 University Club Bldg

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. NOV 10 1933

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