JAN 26 1934

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

Do not use this space.

41959

File No. 11004
Registered No.

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH

County
Township
City St. Louis, Mo (No. , Sanitarium St. Ward)

2. FULL NAME Oswald Mueller, Sr.

(a) Residence, No. 5175 Enright Ave., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 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: Margaret Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 4, 1852

7. AGE: Years: About 81 | Months: 9 | Days: 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown
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): Unknown
11. Total time (years) spent in this occupation: Unknown

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

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " Germany

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " Germany

17. INFORMANT (ADDRESS): Ar Mueller M. D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec. 23, 1933

19. UNDERTAKER (ADDRESS): Walsh, Kiernan & Soy 4141 Forest Park

20. FILED Dec 24 1933 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-6, 1933, to 12-22, 1933
I last saw h. alive on 12-22, 1933 Death is said to have occurred on the date stated above, at 1:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
93C	
107 A	
93 Chronic Myocarditis	11-6-33
Other contributory causes of importance:	
Arterio-sclerosis	11-6-33
Bronchio pneumonia	12-20-33

Name of operation Date of
What test confirmed diagnosis? Clinical & autopsy Was there an autopsy? yes

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) Ar Mueller, M. D.
(Address) 5400 Arsenal

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD