27 1934

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.

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

Do not use this space.

2617

1. PLACE OF DEATH

County ..... Registration District No. 791

Township " ..... Primary Registration District No. 1003

City St Louis (No. 3807 McDonald ave St. ..... Ward)

File No. ..... Registered No. 233

2. FULL NAME Clara Muehlmeyer

(a) Residence, No. 3807 McDonald ave St., 16 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Late Francis Muehlmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12, 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
76	10	23	

OCCUPATION

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

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

10 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Michael Weyh

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

MOTHER

15. MAIDEN NAME Anna Fonath

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

17. INFORMANT Mrs Emma Auler
(ADDRESS) 3807 McDonald ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peter & Paul DATE Jan 8, 1934

19. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So Kingshighway

20. FILED [illegible] 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934, to Jan 4, 1934
I last saw her alive on Jan 4, 1934. Death is said to have occurred on the date stated above, at 10:30 P m.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis
94B
77

Date of onset

Other contributory causes of importance:

Arterio-Sclerosis

Name of operation 0 Date of
What test confirmed diagnosis? Was there an autopsy? 0

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) William O. Winter, M. D.
(Address) 3325 S Grand Blvd