

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.

BOAR 24-1934

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

Do not use this space.

6956

PLACE OF DEATH  
 County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 3003  
 City St. Louis (No. City 2011) St. ..... Ward .....  
 2. FULL NAME Fremont Mueller  
 (a) Residence, No. 1907 1/2 St. Plum Ward .....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 71 yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. ....  
Registered No. 1828  
St. .... Ward .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) May 5 1862

7. AGE YEARS 71 MONTHS 9 DAYS 14 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. 11

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) St. Louis Mo

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT Ward Dr J. Kent (ADDRESS) City 2011

18. BURIAL, CREMATION, OR REMOVAL PLACE National DATE 7-22 1934

19. UNDERTAKER Southern (ADDRESS) 30 Grand

20. FILED Feb 21 1934 J. Brebeck Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/19/34

22. I HEREBY CERTIFY, That I attended deceased from 2/8 1934 to 2/19 1934  
 I last saw him alive on 2/19/34 1934 Death is said to have occurred on the date stated above, at 4:15 m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Occlusion  
Chc Myocarditis  
93  
94  
 Date of onset

Other contributory causes of importance:

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 .....  
 (Signed) [Signature] M. D.  
 (Address) City

D. B. Elrop  
City Hoop.