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.

APR 25 1934

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11316

Township ..... Primary Registration District No. 1003 Registered No. 3218

City St Louis (No. St. Anthony's Hosp. St. ..... Ward)

2. FULL NAME Anna Mueller

(a) Residence, No. 5614 S. Compton St., 15 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 27, 1888

7. AGE: YEARS 45 | MONTHS 11 | DAYS 2 | If LESS than 1 day, ... hrs. or ..... min.

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): Mo

FATHER

13. NAME: Fred Dierkes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Mary Mueser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Oscar A. Mueller 5614 S. Compton

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE 4-2 1934

19. UNDERTAKER (ADDRESS): Southern 6322 S. Grand Blvd

20. FILED MAR 30 1934 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-29, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1934 to March 29, 1934
I last saw her alive on March 28, 1934 Death is said to have occurred on the date stated above, at 12:34 A.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
121A	
36	

121a

Other contributory causes of importance:

Acute Gangrenous Appendicitis (ruptured)

Name of operation drained appendicial abscess Date of March 27

What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) A. W. Peters, M. D.
(Address) 4145 H S Grand

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