

**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. 791
Township..... Primary Registration District No. 1203
City St. Louis (No. Christian Hosp)

File No. 18107
Registered No. 4557
St. Ward)

2. FULL NAME

Edward Mueller
(a) Residence, No. 5857 Wabada, St., 6 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2-1934
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 20 hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St Louis (STATE OR COUNTRY) mo

FATHER 13. NAME Otto Mueller

14. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Anna Steinbrugg

16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) mo

17. INFORMANT Otto Mueller (ADDRESS) 5857 Wabada

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE May 14 1934

19. UNDERTAKER Beiderwieser Funeral home (ADDRESS) 1436 St Louis ave

20. FILED MAY - 19 1934 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1934, to 5-3, 1934

I last saw him alive on May 3, 1934. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Prenature
Child
Other contributory causes of importance:
none
Date of onset

Name of operation..... Date of.....
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) H. J. Bredeck M. D.
(Address) 1436 St Louis ave

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.

JUN 19 1934

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