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.

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

Do not use this space.

21897

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis Mo (No. 1423 North Park Pl. St. ..... Ward)

File No. ..... Registered No. 5637

2. FULL NAME Henry M. Saalmueller

(a) Residence, No. 1423 North Park Pl. St., 26 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Kate Saalmueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 25 - 1858

7. AGE: YEARS 75 | MONTHS 11 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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: Henry Saalmueller

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

MOTHER

15. MAIDEN NAME: Not known

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

17. INFORMANT (ADDRESS): Kate Saalmueller 1423 North Park Pl.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE June 7, 1934

19. UNDERTAKER (ADDRESS): Ky Leidner Und Co 1417 N. Market St.

20. FILED JUN -6 1934 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1934, to June 4, 1934

I last saw him alive on June 3, 1934. Death is said to have occurred on the date stated above, at 7 45 A.m.

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

	Date of onset
Cirrhosis of Liver	About 3 yrs ago
124b1	

Other contributory causes of importance:

Chronic Parenchymatous Nephritis	2 yrs ago

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) Herman L. Wiltner, M. D.

(Address) 2728 N. 11. St.