

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

Do not use this space.

1. PLACE OF DEATH

County Ste. Genevieve
Township Union
City Union (No.)

Registration District No. 934
Primary Registration District No. 6026

File No. 26218
Registered No. 7
St. Ward

2. FULL NAME

Valentine Muller

(a) Residence, No. St. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 23 1886</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>5</u>	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>			
	10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ste. Genevieve Co Missouri</u>				
MOTHER	13. NAME <u>Mrsy Miller</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ste. Genevieve Co Missouri</u>			
	15. MAIDEN NAME <u>Elizabeth Koenig</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ste. Genevieve Co Missouri</u>				
17. INFORMANT <u> </u> (ADDRESS) <u> </u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u> </u> DATE <u>July 1 1934</u>				
19. UNDERTAKER <u> </u> (ADDRESS) <u> </u>				
20. FILED <u>7/11</u> 19 <u>34</u> <u>Wm. H. Miller</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to July 5 1934, 1934
I last saw h.i.m. alive on July 5 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Brain
63C
Date of onset 1933

Other contributory causes of importance

Name of operation Removal of Brain Date of Jan 1934
What test confirmed diagnosis? Pathologist 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? No
If so, specify

(Signed) Arthur E. Sawyer M. D.
(Address) Ste. Genevieve Mo

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.

AUG 14 1934

SEP 19 1954