

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

Do not use this space.

OCT 11 1934

31462

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*
(No. *8837 Lowell*)

File No.....
Registered No. *8789*
St. Ward)

2. FULL NAME

(a) Residence, No. *8837 Lowell* St. *8* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Louise Mueller (Blome)</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar. 14, 1872</i>		
7. AGE	YEARS <i>62</i>	MONTHS <i>5</i>
	DAYS <i>17</i>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Truck Driver</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Portland Cement Co.</i>
	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.*

13. NAME *Fred Mueller*

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

15. MAIDEN NAME *Louise Adlen*

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

17. INFORMANT (ADDRESS) *Mrs. Louise Mueller 8837 Lowell St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *First Days* DATE *Sept. 3, 1934*

19. UNDERTAKER (ADDRESS) *Math. Germany 4th Son 3161 East Park Ave*

20. FILED *EP-1* 1934 *Joe. J. Brobeck Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 31, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *July 4, 1934* to *Aug. 31, 1934*

I last saw him alive on *Aug. 31, 1934* Death is said

to have occurred on the date stated above, at *2:00 P.M.*

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

Chronic Interstitial Nephritis Date of onset

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Other contributory causes of importance:

Name of operation *NO* 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? *NO* 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 *NO*

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *J. A. Van Hoelers* M. D.

(Signed) *J. A. Van Hoelers* M. D. (Address) *8313 Halls Ferry Rd. City.*

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.

