

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.

DEC 22 1934

40611

1. PLACE OF DEATH

County ST LOUIS

Registration District No. 789

Township CENTRAL

Primary Registration District No. 6033

City MT PLEASANT (No.)

File No.

Registered No. 332

St. Ward)

2. FULL NAME MARIE MUELLER

(a) Residence, No. LACKLAND AVE St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) WIDOWED

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF CHAS. MUELLER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE - 10 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 5 20

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

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) 1-1-33 11. Total time (years) spent in this occupation 53 YRS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STRAITMANN MO

13. NAME JACOB CONRAD

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE

15. MAIDEN NAME KATHERINE FRENTZ

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE

17. INFORMANT LYDIA SEIBERT
(ADDRESS) CREVE COEUR, MO. R # 2

18. BURIAL, CREMATION, OR REMOVAL
PLACES EY. ST. PAULS CEM. DATE DEC. 4, 1934

19. UNDERTAKER BAUMANN BROS. INC.
(ADDRESS) 2504 WOODSON RD. OVERLAND, MO

20. FILED 12-4- 19 34 add Baehner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12th, 1933, to Nov. 30th, 1934

I last saw her alive on Nov. 30th, 1934 Death is said

to have occurred on the date stated above, at 9:30 P.M.

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

Cerebral Hemorrhage
8201
Date of onset 1-4-34
11-20-34

Other contributory causes of importance:

Arterio-sclerosis 9-12-33

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? No

If so, specify.....

(Signed) H. G. Gofeney, M. D.

(Address) Pattonville, Mo.

