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.

DEC 13 1934

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

Do not use this space.

791

41174

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11151

City St. Louis (No. Ten Route City Hospital #1 St. ..... Ward)

2. FULL NAME Hilda R. Mueller

(a) Residence, No. 2716 Ann St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
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: Albert Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 2 1902

7. AGE: YEARS 32 | MONTHS 9 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mo. Athletic Club
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): Hungary

FATHER
13. NAME: Rudolph Heller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

MOTHER
15. MAIDEN NAME: Marie Flottinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hungary

17. INFORMANT (ADDRESS): Albert Mueller 2716 Ann Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE: N. S. S. Peter & Paul DATE: 11-24 1934

19. UNDERTAKER (ADDRESS): Witt Bros. L & N. Co. 2929 S. Jefferson Av.

20. FILED: NOV 23 1934, 19 J. F. Biederk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 20, 1934

22. No Physician in attendance. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10 55 p.m.

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

208 M 108

Fractures of Skull, received when an auto in which the deceased was riding collided with a street car and then struck a trolley pole in St. Louis Mo. Accident

Date of onset: 2

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 11/20, 1934

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury: Auto struck trolley pole

Nature of injury: Fractured Skull

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

If so, specify .....

(Signed) John J. Sweeney, M.D.

(Address) Deputy Coroner

11/22/34