FEB 1 1935

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

Do not use this space.

3576

Registration District No. 791
Primary Registration District No. 1003

File No. 887
Registered No.

1. PLACE OF DEATH

County
Township
City St. Louis, Mo. (No. 3917, S. Grand St. Ward)

2. FULL NAME Mr. J. Henry Mueller.

(a) Residence, No. 3917 S. Grand St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anna Boehr Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 13, 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
56	11	9	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elevator Co.

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 30 Yrs.

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

FATHER

13. NAME Jacob Mueller

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Anna Mueller (ADDRESS) 3917 S. Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE January 25, 1935

19. UNDERTAKER Bindewalden Funeral Home, Inc. (ADDRESS) 1936 St. Louis Avenue.

20. FILED JAN 25 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 7th, 1934, to January 22 - 1935

I last saw him alive on January 22, 1935. Death is said to have occurred on the date stated above, at 9:45 P. M.

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

	Date of onset
Carcinoma of larynx.	UNKNOWN
with Metastases to Cervical	
Glands and Mediastinum	

Other contributory causes of importance:

TOXEMIA - Hypostatic	
Pneumonia - Base of left lung -	Jan-20-35

Name of operation Date of
What test confirmed diagnosis? Biopsy 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) Roman Stearns M.D., M. D.
(Address) 4728 Virginia

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.

4720 Virginia

Ri 64-4 2-4 7-8