

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

Do not use this space.

APR 9 1935

10737

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1603  
City St. Louis (No. 3525) St. 10 Ward.....  
Registered No. 2356

2. FULL NAME

Clara Mueller  
(a) Residence, No. 3525 Barrett St., 10 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 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 Mathew Mueller  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 2 25

OCCUPATION  
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.

MOTHER FATHER  
13. NAME Bernhard Johannpeter

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

MOTHER FATHER  
15. MAIDEN NAME Eliz. Bakemier

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

17. INFORMANT Mathew Mueller

(ADDRESS) 3525 Barrett St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Veterans Cem. DATE 3-13-35

19. UNDERTAKER Guido Widen

(ADDRESS) 1936 St. Louis Ave.

20. FILED APR 12 1935 J. J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 10 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-4-31, 1935, to 3-10-31, 1935

I last saw him alive on 3-10-31, 1935 Death is said

to have occurred on the date stated above, at 758 Ave.

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

Chr. Endocarditis  
Heart Infection  
Other contributory causes of importance:  
None  
Name of operation..... Date of.....  
What test confirmed diagnosis? Exam. 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)..... M. D.

(Address) 5076 Union Ave.

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.

