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.

APR 9 1935

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

Do not use this space.

11062

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. ....., St. Luke's Hospital St. ..... Ward)

File No. .....

Registered No. 2693

2. FULL NAME Herman H. Mueller, Jr.,

(a) Residence, No. Jackson, Mo. St., NR 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. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Rilla Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 5, 1887

7. AGE: 47 Yrs. | MONTHS: 6 Mo. | DAYS: 17 Da. | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher - retail shop

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

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): Jackson, Mo.

FATHER

13. NAME: Herman H. Mueller, Sr.,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Ida Brahs

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

17. INFORMANT (ADDRESS): Mrs. Millicent Dean, Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jackson, Mo. DATE Mar. 24th 1935

19. UNDERTAKER (ADDRESS): Cracraft-Miller, Jackson, Mo.

20. FILED MAR 23 1935 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from March 10, 1935, to March 22, 1935

I last saw him alive on March 22, 1935. Death is said to have occurred on the date stated above, at 10 30 A. m.

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

	Date of onset
Hypertension	not known
Hypertension	
Heart disease	
Nephritis Chronic	

Other contributory causes of importance: Uremia — March 1935

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? ..... 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) C. S. Malone Strand, M. D.

(Address) 607 N. Grand, Athens, Mo.