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.

JUL 12 1935

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

Do not use this space.

20976

Registration District No. 1003 791

Primary Registration District No.

File No.

Registered No. 4841

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5521 Louisiana St. Ward)

2. FULL NAME Nellie Mueller

(a) Residence, No. 5521 Louisiana St., 15 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 Joseph Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1880

7. AGE: YEARS 54 MONTHS 8 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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. Louis, Missouri

FATHER

13. NAME Peter O'Brien

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

MOTHER

15. MAIDEN NAME Mary A. Birmingham.

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

17. INFORMANT Mr Jno Mueller
(ADDRESS) 5521 Louisiana

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive DATE 6-4 1935

19. UNDERTAKER Southern Und. Co.
(ADDRESS) 6322 S. Grand

20. FILED JUN - 2 1935 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1935, to June 1, 1935

I last saw h alive on May 31, 1935. Death is said to have occurred on the date stated above, at 5 40 a. m.

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

	Date of onset
Carcinoma of Breast	

50

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) Emmett McBratney, M. D.

(Address) 6229 Va

EMMETT W. MC BRATNEY