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.

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

Do not use this space.

DEC 20 1935

File No. 37219

Registered No. 112

Registration District No. 788

Primary Registration District No. 4471

1. PLACE OF DEATH

County St Louis

Township Central

City Webster Groves (No. 156 Helfenstein St. Ward)

2. FULL NAME Laura E Mueller

(a) Residence, No. 156 Helfenstein St., 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 F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louis J. Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 1887

7. AGE — YEARS 48 — MONTHS 9 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

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 Louis Mo

FATHER

13. NAME Casper Werges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Anna Wolf

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

17. INFORMANT Laura J Mueller
(ADDRESS) 107 Edwin Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old St Peter & Paul DATE 11-25- 1935

19. UNDERTAKER Louis H Bopp
(ADDRESS) Kirkwood Mo

20. FILED 11-22 1935 Jules R. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21- 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1935, to Nov 21, 1935

I last saw he alive on Nov 21, 1935. Death is said to have occurred on the date stated above, at 7:45 A.m.

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

Uremia — Date of onset 10/7/35

46

Other contributory causes of importance: Cancer of Rectum Sept 15/35

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) Felix W Garcia, M. D.

(Address) 3165 So Grand Ave St Louis Mo.

100M-3-28-35