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.

DEC 12 1935

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

Do not use this space.

37963

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

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

City St Louis (No. 5237 Alaska St. ..... Ward)

File No. ..... Registered No. 9975

2. FULL NAME Barbara Mueller

(a) Residence, No. 5237 Alaska St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Fritz Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8, 1860

7. AGE: YEARS 75 | MONTHS 5 | DAYS 18 | 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): Bavaria Germany

FATHER

13. NAME: Michael Ziegler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: (unknown) Boesl
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Fritz Mueller 5237 Alaska

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul DATE 11-29 1935

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

20. FILED NOV 27 1935, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-26 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2, 1934, to Nov 26, 1935.
I last saw her alive on Nov 26, 1935. Death is said to have occurred on the date stated above, at 11:25 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Cirrhosis of Liver

Date of onset

Other contributory causes of importance: 1246

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) Julius H. Weinberg, M. D.
(Address) 2000 S. 9 St.

Sec Weinberg
2001 S. 9th —